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Person of the Month
Alfred Adler (1870-1937)

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Message from the Desk of Editor

This gives me an immense pleasure to announce that 'RED'SHINE Publication, Inc' is coming out with its third volume of peer reviewed, international journal named as 'The International Journal of Indian Psychology. IJIP Journal of Studies'is a humble effort to come out with an affordable option of a low cost publication journal and high quality of publication services, at no profit no loss basis, with the objective of helping young, genius, scholars and seasoned academicians to show their psychological research works to the world at large and also to fulfill their academic aspirations.

The International Journal of Indian Psychology welcomes submissions that explore the social, educational and psychological aspects of human behavior as related to human. Because The International Journal of Indian Psychology takes a broad and inclusive view of the study of both psychology and social science, this publication outlet is suitable for a wide variety of interests. Appropriate submissions could include general survey research, attitudinal measures, research in which criminal justice practitioners are participants, investigations into broad societal issues, or any number of empirical approaches that fit within the general umbrella provided by the journal.

At last, our thanks go out to the members of the journal who have done their best to work at this collaborative effort. May you continue in this wonderful spirit, which, we are sure will sustain your efforts in the future towards enhancing and enriching this journal.

Prof. Suresh Makvana, PhD[1]
(Editor in Chief)

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Person of the Month: Alfred Adler (1870-1937)

Ankit Patel[1]

Born	7 February, 1870 Vienna, Austria-Hungary
Died	28 May, 1937 Aberdeen, Scotland
Citizenship	Austrian
Known for	Individual psychology, The concept of the inferiority complex, President of the Vienna Psychoanalytic Society, 1910
Fields	Psychotherapist, Psychiatrist

Alfred Adler is known as one of the most influential thinkers in psychology. While he was initially a member of the Vienna Psychoanalytic Society, Adler eventually departed from Freud's theories and developed his own perspective, which he called Individual Psychology. He had a strong influence on a number of other eminent psychologists, including Carl Rogers, Abraham Maslow and Karen Horney.

Alfred Adler was an Austrian doctor and therapist who is best-known for forming the school of thought known as individual psychology. He is also remembered for his concept of the inferiority complex, which he believed played a major part in the formation of personality. Alder was initially a colleague of Sigmund Freud, helped establish psychoanalysis, and was a founding member of the Vienna Psychoanalytic Society. Adler's theory focused on looking at the individual as a whole, which is why he referred to his approach as individual psychology. Adler was eventually expelled from Freud's psychoanalytic circle, but he went on to have a tremendous impact on the development of psychotherapy. He also had an important influence on many other great thinkers including Abraham Maslow and Albert Ellis.

Alfred Adler was born in Vienna, Austria. He suffered rickets as a young child which prevented him from walking until the age of four. Due to his health problems as a child, Adler decided he

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would become a physician and, after graduating from the University of Vienna in 1895 with a medical degree, began his career as an ophthalmologist and later switched to general practice.

Alder soon turned his interests toward the field of psychiatry. In1902, Sigmund Freud invited him to join a psychoanalytic discussion group. This group met each Wednesday in Freud's home and would eventually grow to become the Vienna Psychoanalytic Society. After serving as President of the group for a time, Adler left in part because of his disagreements with some of Freud's theories.

While Adler had played a key role in the development of psychoanalysis, he was also one of the first major figures to break away to form his own school of thought. He was quick to point out that while he had been a colleague of Freud's, he was in no way a disciple of the famous Austrian psychiatrist. In 1912, Alfred Adler founded the Society of Individual Psychology. Adler's theory suggested that every person has a sense of inferiority. From childhood, people work toward overcoming this inferiority by asserting their superiority over others. Adler referred to this as 'striving for superiority' and believed that this drive was the motivating force behind human behaviors, emotions, and thoughts.

Although Adler’s psychological theory was developed nearly a century ago, many of his concepts are still brought to fruition through Adler University. His concepts based in social interest, social justice, equality, and the importance of education guide the Adler University’s commitment to social change – from our curriculum, practica, internships, programming and experiential offerings for students, faculty and alumni – to our hundreds of partnerships at work with local communities to improve community mental health.

Although Adler's theory may be less interesting than Freud's, with its sexuality, or Jung's, with its mythology, it has probably struck you as the most common-sensical of the three. Students generally like Adler and his theory. In fact, quite a few personality theorists like him, too. Maslow, for example, once said that, the older he gets, the more right Adler seems. If you have some knowledge of Carl Rogers' brand of therapy, you may have noticed how similar it is to Adler's. And a number of students of personality theories have noted that the theorists called Neo-Freudians -- Horney, Fromm, and Sullivan -- should really have been called Neo-Adlerians.

And so the "positives" of Adler's theory don't really need to be listed: His clear descriptions of people's complaints, his straight-forward and common-sense interpretations of their problems, his simple theoretical structure, his trust and even affection for the common person, all make his theory both comfortable and highly influential.

TIMELINE

1870

Alfred Adler born on February 7th 1870

1888

Began his studies at the University of Vienna Medical School

1895

Received medical degree from the University of Vienna

1897

Married Raissa Timofeivna Epstein

1898

Established private practice in Vienna
-Birth of first daughter, Valentine
-Published two articles in Austria's "*Medical News Bulletin*"

1901

Second child, Alexandra, is born

1902

Published two articles in *Medical News Bulletin*
-Sigmund Freud invited Adler to join the fledgling Wednesday Psychological Society (later renamed to Vienna Psychoanalytic Society)

1904

Adler publishes his most important article to date, *The Physician as Educator*
-Converted from Judaism to Protestanism
-Birth of Kurt Adler

1905

Publication of *A Study of Organ Inferiority*

1909

Birth of Cornelia (daughter)

1911

Adler is expelled from the Vienna Psychoanalytic Society under Freud's impetus
-Adler forms his own group, initially called the Society for Free Psychoanalytic Inquiry

1912

Published *The Neurotic Constitution*

1913

Renamed his group The Society for Individual Psychology

1914

Published *Healing and Education*, edited by Adler

1916

Drafted as a military physician for the Austro-Hungarian Empire during World War I

1918

Discharged from military service, began emphasizing social feeling in writings

1922

Published *The Practice and Theory of Individual Psychology*
-Adler begins setting up educational consulting teams in child guidance for Vienna's public schools

1924

Became a professor at Vienna's Pedagogical Institute 1928 First lecture-tour of the United States
-Published *The Case of Miss R: The Interpretation of a Life Story*

1929

Became an adjunct professor at Columbia University, started to shift base of operations from Vienna to New York City
-Published *Individual Psychology in the Schools*

1931

Published *What Life Should Mean to You*

1932

Professor at the Long Island College of Medicine, Adler's first full-time academic position in the United States

1933

Published *Religion and Individual Psychology* and *Social Interest: A Challenge to Mankind*

1937

Died, May 28th, Aberdeen, Scotland

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QUOTES

"It is easier to fight for one's principles than to live up to them."

"The chief danger in life is that you may take too many precautions."

"The only normal people are the ones you don't know very well."

"Exaggerated sensitiveness is an expression of the feeling of inferiority."

"Trust only movement. Life happens at the level of events, not of words. Trust movement."

"We must interpret a bad temper as a sign of inferiority."

"The greater the feeling of inferiority that has been experienced, the more powerful is the urge to conquest and the more violent the emotional agitation."

"It is the patriotic duty of every man to lie for his country."

"The educator must believe in the potential power of his pupil, and he must employ all his art in seeking to bring his pupil to experience this power."

"There is no such thing as talent. There is pressure."

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Women Empowerment: Perspectives and Views

Dr Tanu Tandon[1]*

Keywords: *Women, Empowerment*

"**E**mpowerment" has been used to represent a wide range of concepts and to describe a proliferation of outcomes. The term has been used more often to advocate for certain types of policies and intervention strategies than to analyze them, as demonstrated by a number of documents from the United Nations (UNDAW 2001; UNICEF 1999), the Association for Women in Development (Everett 1991), the Declaration made at the Micro-credit Summit (RESULTS 1997), DFID (2000), and other organizations. Empowerment has become a widely used word.

Empowerment in its emancipatory meaning is a serious word one which brings up the question of personal agency, one that links action to needs, and one that results in making significant collective change. It is also a concept that does not merely concern personal identity but brings out a broader analysis of human rights and social justice. Applied to gender issues, the discussion of empowerment brings women into the political sphere, both private and public. In this context, empowerment is a process to change the distribution of power between men and women, both in interpersonal relations and in institutions throughout society. The concept of women's empowerment emerged from several important critiques and debates generated by the women's movement throughout the world during the 1980s, when feminists, particularly in the Third World, were increasingly discontent with the largely apolitical and economist 'WID', 'WAD', and 'GAD' models in prevailing development interventions .

There was growing interaction between feminism and the concept and practice of popular education, based on the 'conscientisation' approach developed by Paulo Freire in Latin America in the 1970s as part of his 'liberation theology'. The interplay of these powerful new discourses led, by the mid-1980s, to the spread of 'women's empowerment' as a more political and transformatory idea for struggles that challenged not only patriarchy, but also the mediating structures of class, race, ethnicity – and, in India, caste and religion – which determined the nature of women's position and condition in developing societies. The sharp political perspective

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*Responding Author

from which it arose became diffused and diluted. Development-assistance agencies (multilateral, bilateral, and private), eternally in search of catchphrases and magic bullets that could somehow trigger the process of social transformation, took hold of the term and began to use it to replace their earlier terminology of 'people's participation' and 'women's development'.The1995FourthWorld Conference on Women in Beijing played a critical role in introducing the 'e' word to state actors, and governments anxious to demonstrate a progressive approach to gender quickly adopted the catchphrase of women's empowerment. The most important point, however, is that all efforts to conceptualise the term more clearly stressed that empowerment was a socio-political process, that the critical operating concept within empowerment was power, and that empowerment was about shifts in political, social, and economic power between and across both individuals and social groups.

Conceptualizing women's empowerment

Given the diversity in the emphases and agendas in discussions on women's empowerment, we found greater consensus in the literature on its conceptualization. There is a nexus of a few key, overlapping terms that are most often included in defining empowerment: options, choice, control, and power. Most often these are referring to women's ability to make decisions and affect outcomes of importance to themselves and their families. Control over one's own life and over resources is often stressed. Thus, there is frequent reference to some variant of the ability to "affect one's own well being," and "make strategic life choices." G. Sen (1993) defines empowerment as "altering relations of power…which constrain women's options and autonomy and adversely affect health and well-being." Batliwala's (1994) definition is in terms of "how much influence people have over external actions that matter to their welfare." Keller and Mbwewe (1991, as cited in Rowlands 1995) describe it as "a process whereby women become able to organize themselves to increase their own self-reliance, to assert their independent right to make choices and to control resources which will assist in challenging and eliminating their own subordination". Also appearing frequently in definitions of empowerment is an element related to the concept of human agency -- self-efficacy. Drawing mainly from the human rights and feminist perspectives, many definitions contain the idea that a fundamental shift in perceptions, or "inner transformation," is essential to the formulation of choices. That is, women should be able to define self interest and choice, and consider themselves as not only able, but entitled to make choices (A. Sen 1999; G. Sen 1993, Kabeer 2001; Rowlands 1995, Chen 1992). Kabeer (2001) goes a step further and describes this process in terms of "thinking outside the system" and challenging the status quo. Kabeer (2001) offers a useful definition of empowerment that effectively captures what is common to these definitions and that can be applied across the range of contexts that development assistance is concerned with: "*The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them*."

Let's look at the perspectives given by Batliwala, Kabeer and Rowlands , three of the most often cited writers on women's empowerment.

Batliwala – challenging patriarchal relations

Batliwala surveyed organisations working for women's empowerment in South Asia in the early 1990s to stimulate discussion and improve programming (1993: 4-5). She suggests that "the process of challenging existing power relations, and of gaining greater control over the sources of power, may be termed *empowerment*" (1994: 130). According to Batliwala, "the goals of women's empowerment are to challenge patriarchal ideology; to transform the structures and institutions that reinforce and perpetuate gender discrimination and social inequality;… and to enable poor women to gain access to, and control of, both material and informational resources" (1994: 130). She focuses on gender while recognising and trying to address multiple discriminations. Batliwala recommends a comprehensive and integrated approach whereby women address their own objectives in the domestic and public spheres, and take collective and mass action. She quotes Schuler and Kadirgamar-Rajasingham: *"since the causes of women's inferior status and unequal gender relations are deeply rooted in history, religion, culture, in the psychology of the self, in laws and legal systems, and in political institutions and social attitudes, if the status and material conditions of women's lives is to change at all, the solutions must penetrate just as deeply"*

(1992, in Batliwala 1994: 130). That is, comprehensive strategies are needed if feminist social change is to be realised, Batliwala's vision remains focused on the societal level. Batliwala stresses that women's empowerment is a political process, fraught with challenges.

She does stress that changes will not be "sustainable if limited to a few individual women, because traditional power structures will seek to isolate and ostracise them," and so advocates for women organising into collectives and ultimately into mass movements (1994: 132-4).

Kabeer – Resources, agency and achievements

Kabeer also sees women as the key agents for feminist social change. She writes that "the capacity of those who have a stake in challenging the status quo to deal with resistance cannot be taken for granted; it has to be built up through processes of empowerment" (1999b: 32). That is, women's empowerment is a process for developing agents of social change.

Kabeer defines empowerment as "the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them." Kabeer's 'strategic life choices' are major decisions "such as choice of livelihood, whether and who to marry," recognising that not all choices are equally significant (1999a: 437). She sees three dimensions to empowerment – resources, agency and achievements – each of which builds on the others. Resources can be material, human or social, including physical resources, individual capabilities and claims that the individual can make on others. Kabeer writes that "the terms on which people gain access to resources are as important as the resources themselves when the issue of empowerment is being considered" and that "empowerment entails a change in the terms on which resources are acquired as much as an increase in access to resources" (2001: 20). For Kabeer, agency includes

"the meaning, motivation and purpose which individuals bring to their activity, their *sense* of agency, or 'the power within'".

Kabeer recognises that the choices open to women are often limited compared to men of the same community – a manifestation of gender inequality – and that women can internalise their lesser status in society (2001: 24). The critical factor is whether the choices that people are making are based on their own preferences and priorities, or limitations in their options. To show a link between individual choice and wider social change, Kabeer suggests evaluating the consequences of choices "in terms of their transformatory significance, the extent to which the choices made have the potential for challenging and destabilising social inequalities and the extent to which they merely reproduce these inequalities" (2001: 26). Kabeer defines three levels at which empowerment – and presumably wider social change – may be achieved, the individual or immediate, the intermediate level of institutions and deeper levels in terms of structural relations of class, caste or gender (2001: 27).

Rowlands – spheres of empowerment

Rowlands does not clearly define empowerment, other than to say that "women's empowerment… encompasses women moving into positions of 'power over', but… also embraces their movement into 'power to, with and from within' – generative rather than controlling power" (1998: 15). That is, women's empowerment involves changing the nature of power relations to be less controlling and more productive, as well as increasing women's power in every form. Whereas Kabeer's definition of empowerment is limited to "those who have been denied the ability to make strategic life choices acquire such an ability," (1999: 435), Rowlands sees empowerment as relative to one's own prior abilities. She identifies empowerment of women in three spheres, the individual empowerment, collective or group empowerment, and empowerment in close relationships (1998). Each form of empowerment supports the others, but is distinct in nature. The first is key, "a personal and unique experience, even though one woman may go through some similar experiences" to others (Rowlands 1998: 22). Collective empowerment is both the result of and builds the capacity of a group of people to work together to achieve common goals; it also contributes to the individual empowerment of each member by building their confidence and sense of agency. 'Empowerment in close relationships' with husbands, parents and mothers-in-law, "is the area of change that comes hardest; it is the place where the individual women is 'up against it on her own', and where positive and negative aspects of her life tend to be most closely intertwined" (Rowlands 1998: 23).

Rowlands identifies each of the elements that are needed for each type of empowerment. For empowerment in close relationships, she identified the ability to negotiate, communicate, to get support, to defend self/rights as well as a sense of 'self' in the relationship and dignity (1998: 24). It appears that if women can return to their families with these skills, they should be able to experience empowerment in close relationships. However, she concludes that "the empowerment of women is… not just a women's issue, but is a gender issue which necessitates a re-

examination of gender relations, and which, ultimately, will require changes of men as well as of women" (1998: 30).

Key lessons from the literature

The literature contains a range of terms, concepts and data that may be relevant for assessing "empowerment"; for example, various studies have aimed at measuring women's "autonomy" (e.g. Dyson and Moore 1983; Basu and Basu 1991), agency, status, , domestic economic power (e.g. Mason 1998), power (e.g. Agarwal 1997), patriarchy (e.g. Malhotra et al. 1995), gender equality, or gender discrimination. Often there is no clear demarcation between these terms. Mason and Smith (2000), for example, treat empowerment, autonomy, and gender stratification interchangeably. Similarly, Jejeebhoy (2000) considers autonomy and empowerment as more or less equal terms, and defines both in terms of women "gaining control of their own lives vis-a-vis family, community, society, markets." In contrast, other authors have explicitly argued that autonomy is not equivalent to empowerment, stressing that autonomy implies independence whereas empowerment may well be achieved through interdependence (Malhotra and Mather 1997; Govindasamy and Malhotra 1996; Kabeer 1998). Notwithstanding the similarities in the concepts underlying many of these terms, we think that the concept of empowerment can be distinguished from others based on its unique definitional elements. As discussed above, the first essential element of empowerment is that it is a process (Kabeer 2001; Chen 1992; Rowlands 1995, Oxaal and Baden 1997). None of the other concepts explicitly encompasses a progression from one state (gender inequality) to another (gender equality). The second element of empowerment that distinguishes it from other concepts is agency—in other words, women themselves must be significant actors in the process of change that is being described or measured (G. Sen 1993; Mehra 1997). The importance of agency in the discourse on empowerment emerges from "bottom up" rather than "top down" approaches toward development (Oxaal and Baden 1997; Rowlands 1995; Narayan et al. 2000a & 2000b). At the institutional and aggregate levels, it emphasizes the importance of participation and "social inclusion" (Friedmann 1992; Chambers 1997; Narayan et al. 2000a & 2000b) At the micro level, it is embedded in the idea of self-efficacy and the significance of the realization by individual women that they can be the agents of change in their own lives.

Empowerment: Cognitive, Psychological and Economic Components

According to Stromquist (1988), empowerment is a socio-political concept that goes beyond 'participation', and 'consciousness-raising'. She calls for a fuller definition of empowerment that considers cognitive, psychological and economic components.

- **The cognitive component** refers to women's understanding of their conditions of subordination and the causes of such conditions at both micro and macro levels of society. It involves understanding the self and the need to make choices that may go against cultural and social expectations, and understanding patterns of behaviour that create dependence, interdependence, and autonomy within the family and in the society at large (Hall, 1992). The

cognitive component of empowerment involves knowledge about their sexuality beyond family planning techniques, another important cognitive area involves legal rights.

- **The psychological component** includes the development of feelings that women can act at personal and societal levels to improve their condition as well as the formation of the belief that they can succeed in their change efforts. The sex role socialization of women The political component has inculcated attributes of "learned helplessness" within women. Through the repeated experience of uncontrollable effects, many women come to believe that they cannot modify their environment or personal situations and thus their persistence in problem solving is diminished (Jack, 1992) , leading to low self esteem and low self confidence. One cannot teach self-confidence and self-esteem; one must provide the conditions in which these can develop. Women must participate in problem definition, the identification of concrete solutions to problems, the implementation of these solutions, and the assessment of the efforts undertaken. As Hall (1992) notes, economic subordination must be neutralized for women to be empowered.
- **The economic component** of empowerment requires that women be able to engage in a productive activity that will allow them some degree of financial autonomy. of empowerment entails the ability to analyze the surrounding environment in political and social terms; it also means the ability to organize and mobilize for social change. In consequence, an empowerment process must involve Individual awareness, and collective action is fundamental to the aim of attaining social transformation.

Thus the above discussion leads to following conclusions about nature of empowerment:

- **The Process-oriented Nature of Empowerment**

Empowerment denotes a process of acquiring, providing, bestowing the resources and the means or enabling the access to and control over such means and resources. Instead, empowerment is a dynamic and on-going process which can only be located on a continuum (Shetty, 1992). Empowerment is a moving state; it is a continuum that varies in degrees of power. It is relative, one can move from an extreme state of absolute lack of power to the other extreme of having absolute power. The extreme ends of the continuum are of course "idealised" states.

- **The Holistic Nature of Empowerment**

Empowerment is an all encompassing term in which a whole range of economic, social and political activities, including group organisation, agriculture and income generation projects, education, integrated health care and so on, would work synergistically towards the common goal of empowering the poor (Bhasin, 1985).

- **Empowerment Deals with Strategic rather than Practical Gender Interests** It is important to differentiate between terms 'the practical gender interests' and 'the strategic gender interests'. Former are short term and linked to immediate needs arising from women' s current responsibilities vis-a-vis the livelihood of their families and children, while the latter address bigger issues such as sexual division of labour within the home, the removal of institutionalised forms of gender discrimination, the establishment of political equality, freedom of choice over child-bearing, and the adoption of adequate measures against male violence and control over women.

- **Context-specific Nature of Empowerment**

According to Shetty (1992), empowerment can be defined only within the local social, cultural, economic, political, and historical context.

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Perfectionism: A Brief Review

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ABSTRACT

What is meant by the words perfectionism? Perfectionism is not necessarily about being perfect. It is the relentless striving for extremely high standards that are personally demanding. Perfectionists are divided into two types, adaptive and maladaptive. It has been found that both adaptive and maladaptive perfectionists have high personal standards, but failing to meet those standards is more stressful for the latter than for the former. Perfectionism is often mistaken for being perfect or doing something perfectly. This review defines perfectionism and identifies both the helpful and the unhelpful aspects of being a perfectionist, and determines in what ways you might be a perfectionist.

Keywords: *Perfectionism, Personal Standards, Relentless Striving, Psychology*

Perfectionism

Definition

Perfectionism is a personality trait characterized by a person's striving for flawlessness and setting excessively high performance standards, accompanied by overly critical self-evaluations and concerns regarding others' evaluations (Stoeber and Childs, 2010 ; Flett and Hewitt, 2002). It is best conceptualized as a multidimensional characteristic, as psychologists agree that there are many positive and negative aspects (Yang and Stoeber, 2012).

Historical Overview

Why do many researchers find it difficult to accept that perfectionism can be positive?

Traditionally, perfectionism has been associated with psychopathology, with psychodynamic theory stressing that perfectionism was a sign of a neurotic and disordered personality. Even though Hamachek (1978) published his proposal to distinguish two forms of perfectionism—normal perfectionism and neurotic perfectionism—at the end of the 1970's, the dominant view of the 1980's was that perfectionism was always neurotic, dysfunctional, and indicative of psychopathology. Empirical findings supported this view. Studies with clinical populations found elevated levels of perfectionism in clients diagnosed with depression, obsessive-

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compulsive disorder, and eating disorders, and studies with nonclinical populations found perfectionism to be related to higher levels of distress and to pathological symptoms associated with depression, anxiety, and disordered eating (Stoeber and Rambow, 2007).

This changed at beginning of the 1990's, when two research groups independently demonstrated that perfectionism is multidimensional in nature, and provided perfectionism research with two multidimensional scales to capture the construct in all its facets (Stoeber and Rambow, 2007). Frost et al. (1990) proposed that six facets in the experience of perfectionism be differentiated— personal standards, organization, concern over mistakes, doubts about actions, parental expectations, and parental criticism. Hewitt and Flett (1991) proposed that three facets of perfectionism be differentiated— self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism.

Frost et al. (1993) made three important contributions. First, they showed that the different facets of perfectionism combined to form two basic dimensions of perfectionism. Second, they showed that these two basic dimensions related to different characteristics. Third, they showed that only the perfectionistic concerns dimension related to negative characteristics whereas the perfectionistic strivings dimension related to positive characteristics—and thus provided first empirical evidence that some forms of perfectionism can be positive.

Hamachek was one of the first psychologists to argue for two distinct types of perfectionism, classifying people as normal perfectionists or neurotic perfectionists. Normal perfectionists pursue perfection without compromising their self-esteem, and derive pleasure from their efforts. Neurotic perfectionists strive for unrealistic goals and consistently feel dissatisfied when they cannot reach them (Hamachek, 1978). Today researchers largely agree that these two basic types of perfectionism are distinct (Rice et al., 2011). They have been labeled differently, and are sometimes referred to as positive striving and maladaptive evaluation concerns, active and passive perfectionism, positive and negative perfectionism, and adaptive and maladaptive perfectionism (Stoeber and Otto, 2006). Although there is a general perfectionism that affects all realms of life, some researchers contend that levels of perfectionism are significantly different across different domains (i.e., work, academic, sport, interpersonal relationships, home life) (Yang and Stoeber, 2012).

Perfectionism consists of two main dimensions: perfectionistic strivings and perfectionistic concerns (Stoeber and Otto, 2006). Perfectionistic strivings are associated with positive aspects of perfectionism; perfectionistic concerns are associated with negative aspects. Healthy perfectionists score high in perfectionistic strivings and low in perfectionistic concerns. Unhealthy perfectionists score high in both strivings and concerns. Nonperfectionists show low levels of perfectionistic strivings (Stoeber and Otto, 2006). Prompted by earlier research providing empirical evidence that perfectionism could be associated with positive aspects (specifically perfectionistic strivings) (Frost et al., 1993), they challenged the widespread belief

that perfectionism is only detrimental. In fact, people with high levels of perfectionistic strivings and low levels of perfectionist concerns demonstrated more self-esteem, agreeableness, academic success, and social interaction. This type of perfectionist also showed fewer psychological and somatic issues typically associated with perfectionism, namely depression, anxiety, and maladaptive coping styles (Stoeber and Otto, 2006).

Measurements

Multidimensional Perfectionism Scale (MPS)

Frost et al. (1990) developed a multidimensional perfectionism scale (now known as the "Frost Multidimensional Perfectionism Scale", FMPS) with six dimensions: concern over making mistakes, high personal standards (striving for excellence), the perception of high parental expectations, the perception of high parental criticism, the doubting of the quality of one's actions, and a preference for order and organization (Frost et al., 1990).

Hewitt and Flett (1991) devised another Multidimensional Perfectionism Scale (MPS), a 45-item measure that rates three aspects of perfectionistic self-presentation: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism (Hewitt and Flett, 1991). Self-oriented perfectionism is having irrational expectations and standards for oneself that lead to a perfectionistic motivation. An example is the constant desire to achieve an ideal physical appearance out of vanity.

A similarity has been pointed out among Frost's distinction between setting high standards for oneself and the level of concern over making mistakes in performance (the two most important dimensions of the FMPS) and Hewitt and Flett's distinction between self-oriented versus socially prescribed perfectionism (Taris et al., 2010).

Almost Perfect Scale-Revised (APS-R)

Slaney and his colleagues (1996) developed the Almost Perfect Scale-Revised (APS-R) to identify perfectionists (adaptive or maladaptive) and non-perfectionists (Slaney et al., 2001). People are classified based on their scores for High Standards, Order, and Discrepancy measures. Both adaptive and maladaptive perfectionists rate highly in High Standards and Order, but maladaptive perfectionists also rate highly in Discrepancy. Discrepancy refers to the belief that personal high standards are not being met, which is the defining negative aspect of perfectionism (Slaney et al., 2001). Maladaptive perfectionists typically yield the highest social stress and anxiety scores, reflecting their feelings of inadequacy and low self-esteem (Rice et al., 2011). In general, the APS-R is a relatively easy instrument to administer, and can be used to identify perfectionist adolescents as well as adults, though it has yet to be proven useful for children (Rice et al., 2011). Interestingly, in one study evaluating APS-R in an adolescent population, maladaptive perfectionists obtained higher satisfaction scores than non-perfectionists. This finding suggests that adolescents' high standards may protect them from challenges to personal satisfaction when their standards are not met (Rice et al., 2011). Two other forms of the APS-R

measure perfectionism directed towards intimate partners (Dyadic Almost Perfect Scale) and perceived perfectionism from one's family (Family Almost Perfect Scale).

Physical Appearance Perfectionism Scale (PAPS)

The Physical Appearance Perfectionism Scale (PAPS) explains a particular type of perfectionism—the desire for a perfect physical appearance (Yang and Stoeber, 2012). The PAPS is a multidimensional assessment of physical appearance perfectionism that provides the most insight when the sub-scales are evaluated separately (Yang and Stoeber, 2012). In general, the PAPS allows researchers to determine participants' body image and self-conceptions of their looks, which is critical in present times when so much attention is paid to attractiveness and obtaining the ideal appearance (Yang and Stoeber, 2012). The two sub-scales it uses to assess appearance concerns are Worry About Imperfection and Hope For Perfection. Those that obtain high Worry About Imperfection scores are usually greatly concerned with maladaptive aspects of perfectionism, physical appearance, and body control behavior (Yang and Stoeber, 2012). They also demonstrate low positive self-perceptions of their appearance, whereas those scoring highly on Hope For Perfection yielded high positive self-perceptions (Yang and Stoeber, 2012). Hope For Perfection also corresponded with impression management behaviors and striving for ambitious goals. In sum, Worry About Imperfection relates to negative aspects of appearance perfectionism, while Hope For Perfection relates to positive aspects. One limitation of using the PAPS is the lack of psychological literature evaluating its validity (Yang and Stoeber, 2012).

IMPLICATIONS

Daniels and Price (2000) refer to perfectionists as "ones". Perfectionists are focused on personal integrity and can be wise, discerning, and inspiring in their quest for the truth. They also tend to dissociate themselves from their flaws or what they believe are flaws (such as negative emotions) and can become hypocritical and hypercritical of others, seeking the illusion of virtue to hide their own vices (Daniels and Price, 2000).

Researchers have begun to investigate the role of perfectionism in various mental disorders such as depression, anxiety, eating disorders, and personality disorders. Each disorder has varying levels of the three measures on the MPS-scale. Socially prescribed perfectionism in young women has been associated with greater body-image dissatisfaction and avoidance of social situations that focus on weight and physical appearance (Hewitt et al., 1995).

The relationship that exists between perfectionistic tendencies and methods of coping with stress has also been examined with some detail. One recent study found that college students with adaptive perfectionistic traits, such as goal fixation or high standards of performance, were more likely to utilize active or problem focused coping (Wielkiewicz and Wonderlich, 2006). Those who displayed maladaptive perfectionistic tendencies, such as rumination over past events or fixation on mistakes, tended to utilize more passive or avoidance coping. Despite these differences, both groups tended to utilize self-criticism as a coping method (Wielkiewicz and

Wonderlich, 2006). This is consistent with theories that conceptualize self-criticism as a central element of perfectionism (Dunkley et al., 2003).

POSITIVE ASPECTS

Slaney and his colleagues found that adaptive perfectionists had lower levels of procrastination than non-perfectionists. In the field of positive psychology, an adaptive and healthy variation of perfectionism is referred to as optimalism (Neimark, 2007). Exceptionally talented people who excel in their field sometimes show signs of perfectionism. High-achieving athletes, scientists, and artists often show signs of perfectionism. The adaptive form of perfectionism is typically considered the positive component of this personality trait. Adaptive perfectionism includes preferences for order and organization, a persistent striving for excellence, and conscientious orientation to tasks and performance (Rice et al., 2007). All of these characteristics are accompanied by low criticism and negativity, and high support and self-esteem (Rice et al., 2007). The positive, adaptive forms of perfectionism are more closely associated with the Big Five personality factor of conscientiousness, whereas maladaptive forms are more similar to neuroticism (Rice et al., 2007).

Perfectionism often shows up in performance at work or school, neatness and aesthetics, organization, writing, speaking, physical appearance, and health and personal cleanliness.
Maladaptive perfectionism is more similar to neuroticism while adaptive perfectionism is more similar to conscientiousness. The latter positively corresponds with life satisfaction, self-esteem, secure attachment, and cohesive self-development (Rice et al., 2007).

CONCLUSION AND RECOMMENDATIONS

In its positive form, perfectionism can drive people to accomplishments and provide the motivation to persevere in the face of discouragement and obstacles. In a positive form, perfectionism can provide the driving energy which leads to great achievement.

In its negative form, perfectionism can be damaging. In general, maladaptive perfectionists feel constant pressure to meet their high standards, which creates cognitive dissonance when they cannot meet their own expectations.

Perfectionism is often mistaken for being perfect or doing something perfectly. This review defines perfectionism and identifies both the helpful and the unhelpful aspects of being a perfectionist, and determines in what ways you might be a perfectionist.

Therefore, it is recommended to consider both aspects of perfectionism with special attention on positive aspects.

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Emotional Intelligence among Dental Students

Nurul Afiqah Amani Binti Zaaba[1]*

ABSTRACT

Emotional Intelligence (EI) is a capability that every person has, which is related with emotions and feelings. Generally, it is capability of individuals to know their own emotions and how to handle them properly. In fact, emotional intelligence is very essential for an individual to achieve success and happiness in life. It need to be handled carefully, especially during the period of adolescent and teenagers, because in this stage a person learns lots of new things and gain experience from it. Thus, they are able to build a good personality and even a better future for themselves.

Keywords: *Emotional Intelligence, Dental Students, Feelings.*

Life would be very beautiful if we are able to feel it through our heart and emotions. It will be better if we know how to handle the feelings and emotions itself. The way we express it in a proper way, will make our life become meaningful, not even for ourselves but also for people around us. It is not only to involve one soul, but involving a large scale of community and environment. Therefore, this can be approached through the emotional intelligence.

Basically, emotional intelligence is defined as the ability to control one's own emotion [1]. It is the capability of an individual to manage his own emotions and deal with it. As a dental student who will become a future dental professional, it is important to manage their own emotions, as they will deal with lots of patients with difference emotions, attitude and behavior. Thus, it is important for a good dentist to be able to control his own emotions. In fact, during the training period, the performance of the students and their relationship with patients can be seen as it correlates with emotional intelligence.

In addition, Goleman also described emotional intelligence as "the capacity for recognizing our own feeling and those of others, in order to motivate ourselves and managing emotions well in ourselves and in our relationships. It describes abilities distinct from, but complementary to, academic intelligence, the purely cognitive capacities measured by IQ" [2]. Hence, it is

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important for an individual to realize his own feeling, in order to build up positive mind and behavior.

In Salovey and Mayer proposal, they stated that emotional intelligence have five principle features which are as following;
1. Being aware of one's own emotions.
2. Being able to manage one's own emotions.
3. Being sensitive to the emotions of others.
4. Being able to respond to and negotiate with other people emotionally.
5. Being able to use one's own emotions to motivate oneself [3].

On top of that, an individual have a mental ability in which it has the potential to utilize and manage emotions in solving problems [4]. As dental students, it is normal to work under pressure, in order to become a successful dentist. This field is known as one of the hardest field in study. It is important for the students to tackle and cope with stress and pressure environment, under any circumstances. Thus, to handle it in a friendly and positive way, the mental ability and the skill of an individual, will allow them to adjust and adapt successfully to the pressures and the demand environment [4]. The students may tend to experience difficulties when dealing with the stress, however an effective stress management will possibly correspond toward the increase in performance [5].

Therefore, this study was conducted with the aim to investigate the emotional intelligence among dental students.

MATERIAL AND METHOD:

The questionnaire was drafted carefully by concerning on the important aspect of this research. The significance which are very important for this questionnaire are self-awareness, managing emotions, motivating oneself, empathy and social skill. Through this emotional intelligence among dental students can easily be evaluated.

In addition, in this questionnaire Likert's scale was used for the evaluation and data analysis. The key scored used in this questionnaire are as follow:

Score	Description
1	Never
2	Rarely
3	Sometimes
4	Usually
5	Always

Table 1: Likert's Scale used in Questionnaire.

After the questionnaire was fully prepared, it was distributed among the dental students of Saveetha Dental College, Tamil Nadu, India, as the research was done in his college. About 300 forms were distributed among the students in different years of study, which were in first, second, third, fourth, intern and also among the post graduate dental students.

The respondents were then instructed to fill in the questionnaire with honesty and sincerely. When, they finished answering the questionnaire, it was then collected for further data analysis. Table 2 below show three kind of level of emotional intelligence where the students can be group into. The data from the questionnaire was analyzed and result was tabulated.

Self Awareness	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Managing Emotions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Motivating Oneself	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Empathy	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Social Skill	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Level	**Low**					**Intermedium**				**High**										

Table 2: Indices for Level of Emotional Intelligence.

RESULT

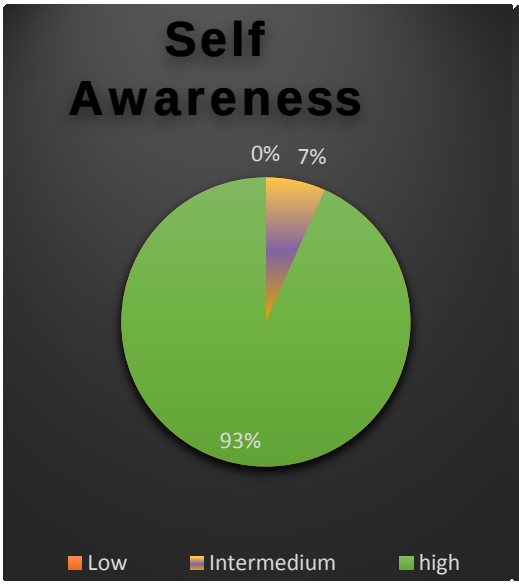
In this study, 300 questionnaire were distributed among dental students of Saveetha Dental College in different year of study. This can be seen as in Table 3, where there were 35 students on each first and second years take part in this study. 210 students from third, fourth and intern students, in which in each year there were 70 respondents. There were also participants among the post-graduate students 20 in number.

Years of Study	Total No. of Respondents	Rate of Response (%)
BDS I	35	100
BDS II	35	100
BDS III	70	100
BDS IV	70	100
BDS V (INTERN)	70	100
MDS (POST-GRADUATE)	20	100

Table 3: Number of Respondents Based on Year of Study.

Level of emotional intelligence	Low	Intermedium	High
Self -Awareness	-	20	280
Managing Emotions	-	63	237
Motivating Oneself	-	31	269
Empathy	1	45	254
Social Skill	-	21	279
Overall	0.07%	12%	87.93 %
N = 300			

Table 4: Level of Emotional Intelligence Among Dental Students.

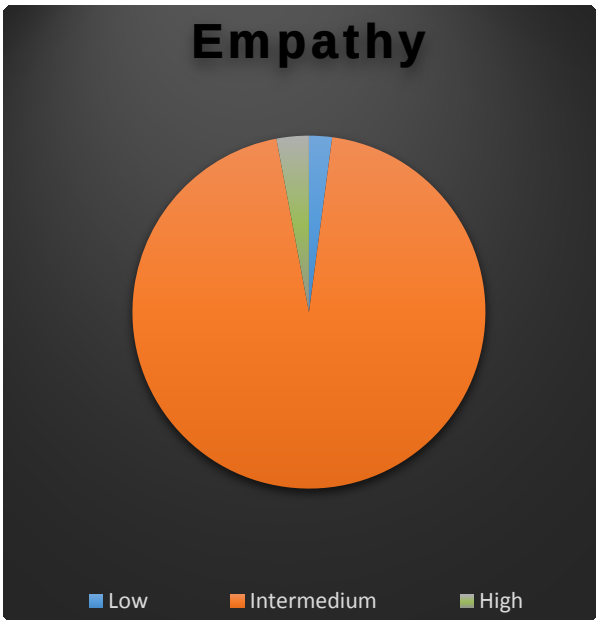


Pie chart 1: Level of EI on Self Awareness

Pie Chart 2: Level of EI on Managing

Emotions

Pie Chart 3: Level of EI on Motivating Oneself



Pie Chart 4: Level of EI on Empathy

Pie Chart 5: Level of EI on Social Skill

Table 5, 6, 7, 8, 9 and 10 demonstrates the mean, median, minimum, maximum, range and mode for each year depending on the five important components of emotional intelligence. In each component the value for data was different for each year of study. Averagely, as the students study at higher level, their emotional intelligence also increased. This is because, in a higher education level, the students are exposed with lots of opportunity in dealing with patients with various problems and behavior. This will causes the students to become more maturity and able to handle their emotions along with developing their communication and other skills. Hence, a good bonding in between a dentist and a patient can be developed.

Table 10 also displayed the mean, median, minimum, maximum, range and mode for overall years depending on the five key important components of emotional intelligence.

N = 35 (BDS I)	Self Awareness	Managing Emotions	Motivating Oneself	Empathy	Social Skill
Mean	12.86	10.43	11.66	15.23	12.6
Median	14	10	12	15	13
Minimum	7	8	8	10	9
Maximum	15	14	15	20	15
Range	8	6	7	10	6
Mode	14	9	12	14, 17	12, 13

Table 5: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS I

N = 35 (BDS II)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	12.09	9.8	10.66	14.91	11.63
Median	13	10	11	15	11
Minimum	6	7	5	7	8
Maximum	15	14	15	20	15
Range	9	7	9	13	7
Mode	12 13,	8, 11	11	15, 16	11

Table 6: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS II

N = 70 (BDS III)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	12.21	11.1	11.83	15.33	11.66
Median	12	11	12	15	12
Minimum	8	7	8	6	8
Maximum	15	15	15	19	15
Range	7	8	7	13	7
Mode	12	11, 12	13	16	13

Table 7: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS III.

N = 70 (BDS IV)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	12.21	11.20	11.96	15.33	12.3
Median	12	11	12	15	12
Minimum	9	7	9	12	9
Maximum	15	14	15	20	15
Range	6	7	6	8	6
Mode	14	12	12	14	14

Table 8: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS IV

N = 70 (BDS V)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	13.61	12.01	13.07	16.21	13.31
Median	14	12	13	16	13
Minimum	6	7	6	11	9
Maximum	15	18	15	20	15
Range	9	11	9	9	6
Mode	14	12	13	15	13

Table 9: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS V (INTERN).

N = 20 (MDS)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	12.85	11.5	11.55	14.9	12.1
Median	13	11	12	15	13
Minimum	9	9	9	11	10
Maximum	15	14	13	19	15
Range	6	5	4	8	5
Mode	13	10, 11	11, 13	16	13

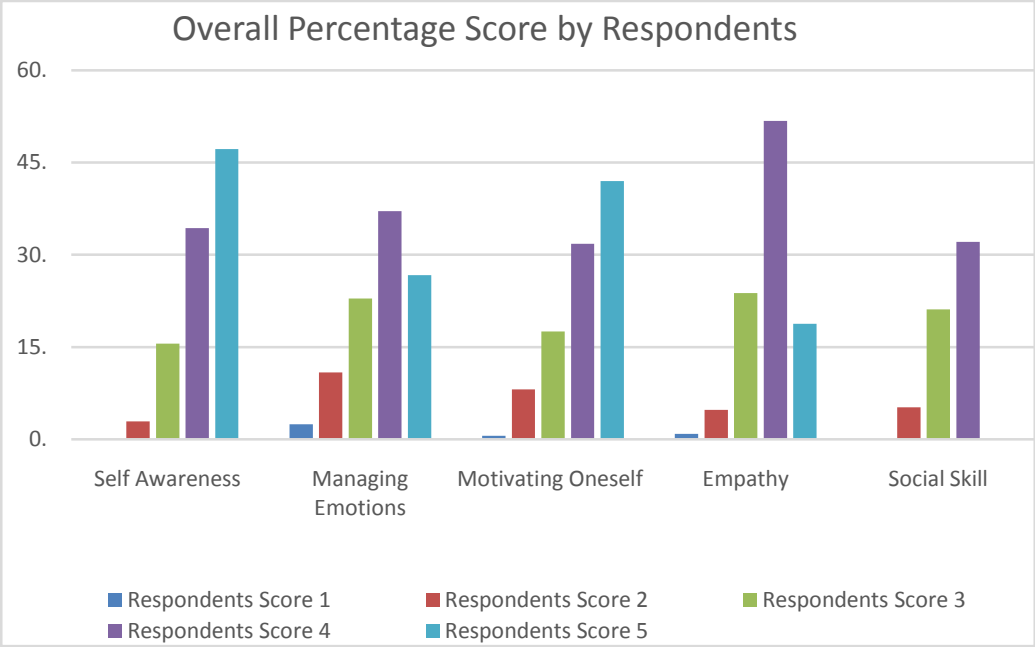
Table 10: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of MDS (Post-Graduate).

N = 300 (BDS I, II, III, IV, V & MDS)	Self Awareness (15)	Managing Emotions (15)	Motivating Oneself (15)	Empathy (20)	Social Skill (15)
Mean	12.64	11.14	11.97	15.45	12.33
Median	13	11	12	16	12
Minimum	6	7	6	6	8
Maximum	15	18	15	20	15
Range	9	11	9	14	7
Mode	14	12	13	15	13

Table 11: Measure of Central Tendency in Relation to 5 Aspects of Emotional Intelligence of BDS I, II, III, IV, V (Intern) and MDS (Post-Graduate).

Emotional Intelligence Components	Respondents score 1 (%)	Respondents score 2 (%)	Respondents score 3 (%)	Respondents score 4 (%)	Respondents score 5 (%)
Self Awareness	-	2.89	15.56	34.33	47.22
Managing Emotions	2.44	10.89	22.89	37.11	26.67
Motivating Oneself	0.56	8.11	17.56	31.78	42.00
Empathy	0.89	4.78	23.78	51.78	18.78
Social Skill	-	5.22	21.11	32.11	41.56
Overall Percentage	0.78	6.38	20.18	37.42	35.25

Table 12: Overall Percentage Score by the Respondents.



Bar Chart 1: Overall Percentage Score by Respondents.

DISCUSSIONS

As describe earlier emotional intelligence is the ability of an individual to control their owns emotion. Thus based on this study, the emotional intelligence among the dental students was evaluated. The total of subjects in this study were 300 in number and they are divided based on their year of study. The distributions of the subjects can be seen as in Table 3.

The emotional intelligence is measured by using the five key components. The components are self-awareness, managing emotions, motivating oneself, empathy and also social skill. Each of the components play a significance role in evaluating the emotional intelligence in an individual. Firstly, the self-awareness, it is mainly about how an individual know very well about himself. In this component, an individual should acknowledge their own emotions and know how his emotions can either affect or not his performance. Besides, it is also important for the individuals to know about his feeling in any time.

The second component is managing emotions. As we know, human being can experience or feel various kind of feelings depending on a particular situation. This feelings can give a positive or negative impact to an individual based on how they able to control it. Thus, it is very important for everyone to know the exact way to handle our mood and emotions. This is because, it also may affect people on our surroundings.

The third component which is motivating oneself is a major thing that everyone must have. It is kind of a good reinforcement in life that give a new shine to people. People who is in high level of this component can able to become a successful person due to positive energy that always

flow in their body in whatever situation they encounter either it is bad or not. The individual also tend to more important things first and take time as a precious thing for them.

Next is empathy. Empathy is a value that needed by everybody. It is also kind of humanity, where people tend to respect each other, feel empathy, able to see from others perspective and know other people. Through this a good relationship can be fond. Last but not least is social skill. Social skill is a capability where an individual able to interact with the society in a healthy manner. This also help in creating a good relationship and build a good society.

Therefore, as a dental students, all of the five components of the emotional intelligence are very important in developing a good personality. By having a good emotional intelligence, a dentist may capable to dealing with various patients with different problems and emotions. Patients that come visiting the dentists, have different backgrounds and lifestyle. Hence, it is important for dentist to already know a proper way how to manage their emotions and able immerse in any kind of situation. A good social skill and empathy that the dentist show, will build a strong trustworthy of the patients towards the dentist. Hence, there will be less problems or difficulty can happen during treatments. Therefore, this emotional intelligence should be reinforce among the dental students at the beginning of their study, especially during clinical period.

Table 4 illustrates the level of emotional intelligence among the dental students. As we can see, most of the students score high level in every components which is 87.93%. This show that as they learning, their emotional intelligence also develops as well. The clinical exposure also play a major role for them, as they experiencing a new environment and it will be a small step taken by them before they go out and started their career as a dentist.

Next, as we can see in Table 5, 6, 7, 8, 9, and 10, these tables show mean, median, minimum, maximum and mode for each year of study. From these tables, both mean and median values were consistent for each year in every components. This show that the result obtained were comparable in certain aspects. In fact, the overall mean and median for the dental students as described in Table 11 also shown a consistent value. This prove that the students are in a good tract and mostly having a high level of emotional intelligence.

The overall percentage of the students was demonstrated in the Table 12. Roughly more than 50% students score in key score 3, 4 and 5. About 20.18% in key score 3, 37.42% in key score 4 and approximately about 35.25% score in key score 5. This prove that the dental students which were the respondents have a very good emotional intelligence.

CONCLUSION

This research was done to investigate the emotional intelligence among dental students. As this research was done among the dental students, it shows that the students have an excellent emotional intelligence which is 87.93% and only some of them need to be improved. This

achievement would become a beneficiary not only for the students, but also for the college, society and also country. Thus, the effort toward a good emotional intelligence should always be reinforce and support.

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A Study of Mental Health and Psychological Well Being among Teachers and Lecturers

Sama Afsana A[1]*

ABSTRACT

The main purpose of this research was to find out the mean difference between teachers and lecturers in mental health and psychological well-being. The total sample consisted of 120 teachers and lecturers. The research tools for mental health scale was measured by Dr. A. K. Shreevastav and Dr. Jagdish and the psychological well-being scale was measured by Bhogle and Prakash (1995).The 't' test is applied to check the significance of mental health and psychological well-being in teachers and lecturers to check the method which was used for test. The result shows, there is no significant difference between teachers and lecturers in mental health and psychological well-being .So, the hypothesis is accepted.

Keywords: *Mental Health, Psychological Well-Being*

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health is a level of psychological well-being, or an absence of a mental disorder;[1] it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment" From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others."WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.

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Mental health is also used as a consumerist euphemism for mental illness, especially when used in conjunction with "concerns", "problems", or "clinic". Consequently, "mental health" is now being equated with mental illness without reference to the positive strengths associated with mental health, as above. Similarly, the term "behavioral health" is being used, incorrectly, to refer to mental illness, as a consumerist approach to avoiding the stigma associated with the words "mental" and "illness". Consequently, some mental illness clinics are now identified by the inaccurate phrase *behavioral wellness*.

A person struggling with his or her mental health may experience stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other mental illnesses of varying degrees.Therapists, life coaches, psychologists, nurse practitioners or physicians can help manage mental illness with treatments such as therapy, counseling, or medication.

Counselors who are trained and experienced in psycho-therapeutic techniques can treat patients. Psychiatrists may need to be involved during the treatment process. It is to be noted that psychotherapists cannot prescribe psychotic drugs, only a psychiatrist can.

The new field of global mental health is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide."

The literature on psychological well-being has progressed rapidly since the emergence of the field over five decades ago. As recent surveys show psychologists and other social scientists have taken huge steps in their understanding of the factors influencing psychological/ subjective well-being.

Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one’s life that is when a person gives conscious evaluative judgments about one’s satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

In this paper we have defined psychological well-being in terms of internal experience of the respondent and their own perception of their lives. We focused both on momentary moods and long term states of their mental well-being.

Current social indicators can capture phenomena such as crime, divorce, environmental problems, infant mortality, gender equality, etc. Thus, they can capture aspects of quality of life that add to the description drawn by economic indicators. However, these social indicators fail to capture the subjective well-being of people because they do not reflect the actual experiences such as the quality of relationships, the regulation of their emotions and whether feelings of isolation and depression pervade in their daily life. On the other hand, economic indicators fail to include side effects and the tradeoffs of market production and consumption. For example, the environmental costs of industries certainly are not observed from the national accounts. Another disadvantage of economic and social measures in terms of their links to psychological well-being is that they are based on models of rational choice, whereby people follow a set of logical rules when making development plans. However, works by Kahneman (1994) in psychology and economics reveal that people do not always make rational choices, and that these choices do not necessarily enhance psychological well-being.

What Is Mental Health?

Good mental health is a sense of well-being confidence and self esteem it enables us to fully enjoy and appreciate other people day to day life and environment when we are mentally health we can,

- From positive relationships.
- Use our abilities to reach our potentate.
- Deal with life challenges.

World mental health day is observed on 10^{th} October every year with the overall objective of revising awareness of mental health issues around the world and mobilizing efforts support of mental health.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

What Is Well-Being?

Psychological well-being leads to desirable outcomes, even economic ones, and does not necessarily follow from them. In a very intensive research done by Dianer and his colleagues,

people who score high in psychological well-being later earn high income and perform better at work then people who score low in well-being. It is also found to be related to physical health. In addition, it is often noticed that what a society measures will in turn influence the things that it seeks. If a society takes great effort to measure productivity, people in the society are likely to focus more on it and sometimes even to the detriment of other values. If a society regularly assesses well-being, people will provide their attention on it and learn more about its causes. Psychological well-being is therefore valuable not only because it assesses well-being more directly but it has beneficial consequences.

Well-being is multidimensional, and not merely about happiness, or positive emotions. A good life is balanced and whole, engaging each of the different aspects of well-being, instead of being narrowly focused. Ryff roots this principle in Aristotle's *Nichomachean Ethics*, where the goal of life isn't feeling good, but is instead about living virtuously

Carol Ryff's six categories of well-being are:

1) Self-Acceptance
High Self Acceptance: You possess a positive attitude toward yourself; acknowledge and accept multiple aspects of yourself including both good and bad qualities; and feel positive about your past life.

Low Self Acceptance: You feel dissatisfied with yourself; are disappointed with what has occurred in your past life; are troubled about certain personal qualities; and wish to be different than what you are.

2) Personal Growth
Strong Personal Growth: You have a feeling of continued development; see yourself as growing and expanding; are open to new experiences; have the sense of realizing your potential; see improvement in yourself and behavior over time; are changing in ways that reflect more self-knowledge and effectiveness.

Weak Personal Growth: You have a sense of personal stagnation; lack the sense of improvement or expansion over time; feel bored and uninterested with life; and feel unable to develop new attitudes or behaviors.

3) Purpose in Life
Strong Purpose in Life: You have goals in life and a sense of directedness; feel there is meaning to your present and past life; hold beliefs that give life purpose; and have aims and objectives for living.

Weak Purpose in Life: You lack a sense of meaning in life; have few goals or aims, lack a sense of direction; do not see purpose of your past life; and have no outlook or beliefs that give life meaning.

4) Positive Relations With Others

Strong Positive Relations: You have warm, satisfying, trusting relationships with others; are concerned about the welfare of others; are capable of strong empathy, affection, and intimacy; and understand the give and take of human relationships.

Weak Relations: You have few close, trusting relationships with others; find it difficult to be warm, open, and concerned about others; are isolated and frustrated in interpersonal relationships; and are not willing to make compromises to sustain important ties with others.

5) Environmental Mastery

High Environmental Mastery: You have a sense of mastery and competence in managing the environment; control complex array of external activities; make effective use of surrounding opportunities; and are able to choose or create contexts suitable to your personal needs and values.

Low Environmental Mastery: You have difficulty managing everyday affairs; feel unable to change or improve surrounding contexts; are unaware of surrounding opportunities; and lack a sense of control over the external world.

6) Autonomy

High Autonomy: You are self-determining and independent; are able to resist social pressures to think and act in certain ways; regulate behavior from within; and evaluate yourself by personal standards.

Low Autonomy: You are concerned about the expectations and evaluations of others; rely on judgments of others to make important decisions; and conform to social pressures to think and act in certain ways.

OBJECTS OF STUDY:

To study of mental health and psychological well - being among teachers and lecturers.

Hypothesis Of Study:

- There is no significant difference between the teachers and lecturers for their mental health and psychological well-being.

Research Methodology:

- **Sample :-**

Sample in this study consist 120 subjects having 60 teachers and 60 lecturers from Bhavnagar city.

- **Variable :-**

➢ **Independent variables :-**

I. Teachers
II. Lecturers

- **Dependent Variable :-**

I. Mental Health
II. Psychological well-being

- **Tools :-**

Personal Data Sheet

A personal datasheet developed by the investigator was used to collect information about types of teachers and lecturers.

Mental Health Inventory

The mental health consented and standardized by A.K shreevastav and Dr. Jagdish used from the study. This scale reliability 0.73 and validity of 0.54.

Psychological well-being

Psychological well-being questionnaire by Bhogle and Prakash (1995),was used to measure psychological well-being. The questionnaire contains 28 items with true and false response alternative.

Statistical Analysis :-

In this study 't' test was used for statistical Analysis to find out the aim.

RESULT AND DISCUSSION

't' ratio of the mental Health and psychological well-being between teachers and lecturers.

Variables	Group	N	M	SD	t	Level of significant
Mental Health	Teachers	30	41.03	9.79	0.53	N.S
	Lecturers	30	52.33	4.37		
Psychological well-being	Teachers	30	20.07	4.14	0.70	N.S
	Lecturers	30	20.03	3.31		

The above table shows the mean difference between four groups in terms of mental health .The mean for the Teachers is 41.03 and SD 9.79 as well the mean of lecturers is 52.33 and SD 4.37.the obtained 't' is 0.53 that is significant difference. And also this table show the mean difference between two groups in terms of psychological well-being. The mean for the teacher is 20.07 and SD 4.14 as well the mean of lecturers is 20.03 and SD 3.31,the obtained 't' is 0.70 that is no significant difference. This result accepted the hypothesis that "There is no significant difference between the teachers and lecturers for their mental health and well-being.

CONCLUSION

There is no significant difference between the teachers and lecturers for their mental health and psychological well-being.

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Affect of Physical Exercise on Overall Nature of Dental Students

Nor Masitah Mohamed Shukri[1]*

ABSTRACT

Being as fit as a fiddle is the utmost importance matter which most of us do not take it seriously. The benefits of physical exercises are hard to ignore, regardless of our age, sex or physical ability. Plus, physical exercise is a great activity to do most during depression especially. Many of us ignore and commonly overlooked it throughout life and prone to eat everything or sleep when in pressure situation. This study aimed to find out does exercise affects depressive symptoms in dental students. It is also to evaluate the effectiveness of physical exercise upon reducing depressive symptoms among them especially and how it influences human nature in them.

Keywords: *Physical Exercise, Nature, Dental Students*

There is a growing acceptance of physical exercises as the useful treatment for depression symptoms. It is believed that physical exercises are associated with the reduction of depression level.

Other speculates that physical exercise causes people to feel a sense of mastery or they are likely controlling themselves and also environment. This feeling is associated with self-concept, reduction of nervous and anxiety and enhances the personality variables[1].

A study suggests that 30 minutes of treadmill walking for ten consecutive days is able to reduce depression clinically and statistically with measurement of Hamilton Depression rating Scale [2]. Substantially, a study group that associate with a placebo exercise group in patients receiving a standard antidepressant treatment shows a result of great decline of depression scores [3].

Besides, the effects of physical exercise in psychological effects are encouraging. It helps to enhance the mental health including self-confidence, self-concept, cognition or other psychological variables[5,6]. There is a study reported that exercises reduces acute anger and associates with an important characteristics of Type A behavior and longer term increases in tolerance of frustration [4].

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MATERIALS AND METHODS

This study was conducted in Saveetha Dental College. A total of 100 questionnaires were circulated to the dental students, both male and female in this college. Particularly, all of them are from first year dental students aged between 18 years old to 20 years old.

The questionnaires are made up of two types of question based. The first section is known as multiple-choice question and next is score based question. It has a total of eighteen questions equally for every section. As for score based question section, the students need to answer this questionnaire according to given score; 1(never), 2 (almost never), 3 (seldom), 4 (often), and 5 (almost always). The total score can determine their potential level of depression accordingly. Table 1 below shows four kind of level of depression based on the score given.

Table 1 : Indices for Potential Level of Depression	
Level of Depression	Score Point
Low	24 or lower
Moderate	25 – 35
High	36 – 44
Very high	45 or higher

OBSERVATION AND RESULTS

In this study, the respondents are 58 female and 42 male respectively. Among them, 32 respondents score below than 24 points that marked their potential level of depression is low. Most of them, which are 61 respondents, show a moderate depression level, which is approximately between 25 to 35 points. Meanwhile, seven respondents score roughly 36 to 44 points as for high depression level. However, no respondents show a very high stress level.

Table 2 :Multiple-choice Based Questions

QUESTIONS	**NUMBER OF STUDENTS (N=100)**
1. Do you have interest in doing any physical exercise?	
a) YES	74
b) NO	26
2. If so, which type of physical exercise would you like to indulge yourself?	
a) Jogging or running	27
b) Swimming or water exercises	30
c) Exercise with weighs	19
d) Aerobics / yoga	24

3. About how many hours a day do you usually perform this activity?	
	14
a) Half an hour	46
b) An hour	8
c) An hour and a half	24
d) Two hours	3
e) Two hours and a half	4
f) Three hours	1
g) Four hours	
4. How many times you did physical exercises in the last 12 months?	
a) None	16
b) Less than once a month	24
c) 2 to 3 times a month	34
d) 2 to 3 times a week	26
5. How often do you walk a mile or more at a time, without resting?	
	20
a) Every day	32
b) 4 – 6 days a week	30
c) 1 day a week	18
d) Less than 1 day a week	
6. During past 12 months, have you participated in any group exercise program?	
	40
a) YES	60
b) NO	
7. How important is physical exercise to you?	
a) Not important	11
b) Moderately important	34
c) Important	37
d) Very important	18

8. Would you say that you are physically more active, less active or as active as other persons your age?	
a) More active	34
b) Less active	34
c) Same	32
9. Do you think being active physically is good for your mental health?	
a) YES	87
b) NO	13

Table 3 : Score Based Questions

QUESTIONS	SCORE				
	1	2	3	4	5
1.I have tendency to eat, talk, walk and drive quickly	7	21	24	11	37
2. I feel fatigued even after having enough sleep	3	19	45	22	11
3. I feel annoyed or mad at something even though it seems a small matter	4	34	28	19	15
4. I experience mood swings	14	27	29	22	8
5. I find myself disappointed when things have not gone according to plan	11	12	51	19	7
6. I cannot pay full attention during classes	9	9	53	10	19
7. I could not finish my work within deadlines given	5	13	44	30	8
8. I set my life goals and am determined to achieve them	0	15	38	39	8
9. I enjoy in doing something even it is hard to accomplish	0	8	15	54	18

Line 1 : Total Number of Students Based On Every Score

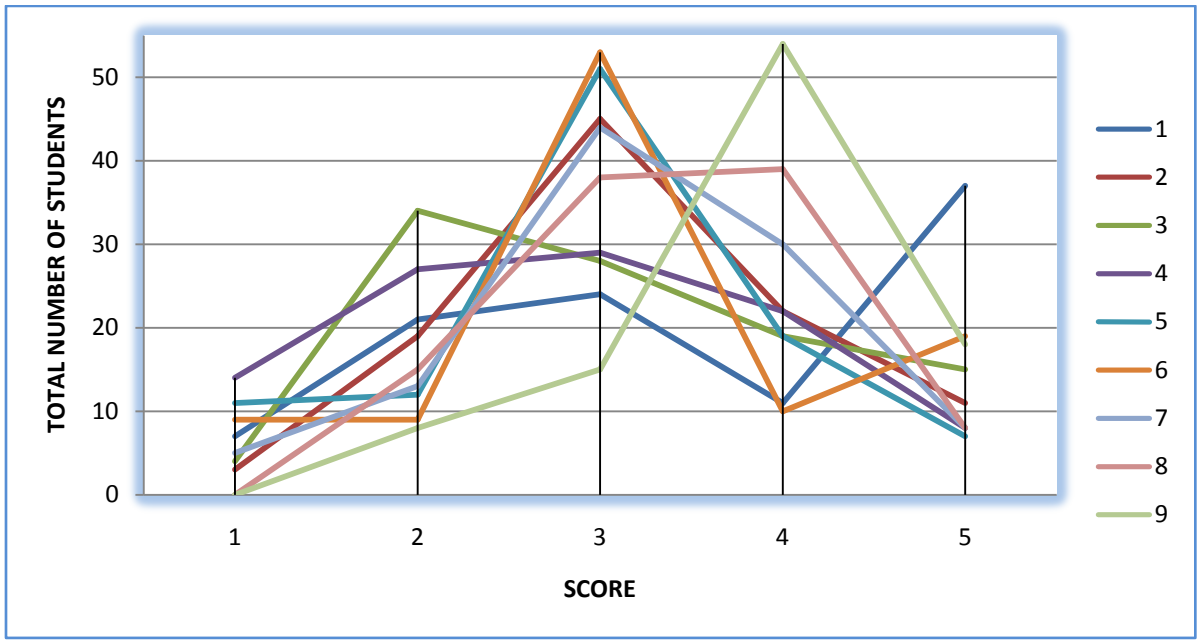
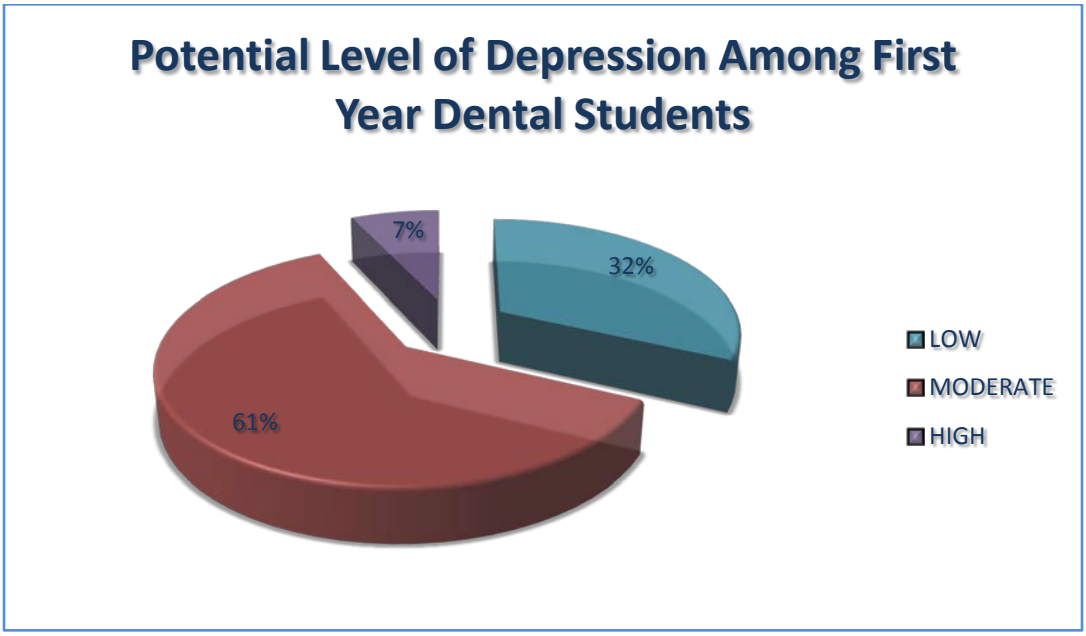


Table 4 : Potential Level of Depression Among Dental Students

Potential Level of Depression	Number of Students (N=100)
LOW	32
MODERATE	61
HIGH	7
VERY HIGH	NONE

Pie 1 : Potential Level of Depression among Dental Students



DISCUSSION

In the first question of multiple-choice question, 74 % of the respondents had interest in doing physical activity that included jogging, swimming, exercise with weighs and aerobics or yoga. 26 % of them showed no interest towards physical exercise. Coming to the second question, majority comes to swimming or water exercises which score 30%, followed by 27% of jogging or running and 24%og aerobics or yoga. Respondents showed the least interest in exercise with weighs that show 19% only.

Next question, most the respondents exercised for about two hours per day and 14% of them which is less ten percent than that of highest score, prefer to exercise approximately for half an hour daily. 8% of them exercised for an hour and a half only 7% for more than two hours. In the fourth question, 34% of the respondents exercised two to three times a month and 26% of them exercised two to three times a week for the last 12 months. On the other hands, less than once a month and no exercise at all show 24% and 16% respectively.

For fifth question, it seems most of the respondents walk a mile or more than that without resting for four to six days a week and one day a week. 20% of them often walk like that for everyday followed by 18% for less than one day. After that, we can see that majority of the respondents have not been to any group exercise program during past 12 months meanwhile the rest 40% had or have joined any group exercise program.

37% respondents were aware and acknowledged the importance of physical exercise and 18% believed that physical exercise was very much important towards them. At the same time, 11% and 34% respondents thought physical exercise is not important and moderately important separately.

Coming to the eighth question, more than 30% of respondents believed that they were physically more active and less active as others in their age , which both recorded 34% respondents each. The rest 32% respondents thought they were physically as active as other persons with same age. Based on the last question, more than three quarters (87%) of the respondents believed that being physically active is good for mental health whereas 13% of them thought the opposite way.

According to score based question, none of the respondents showed a very high level of depression state and 7 of them were recorded high potential level of depression. From the result, 61% of the respondents' portrayed moderate or normal state of depression level and 32% had low potential level of depression.

CONCLUSION

Physical exercise portrays a significant role as a coping strategy for reducing depression. A large number of the respondents who were doing physical exercise regularly show a positive response with reduced potential level of depression. Apart from that, majority of the cases improved slightly their mental health, which seems to be effective in reducing depression as being recorded in the result.

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Woman and Depression

Shimmy V. S[1]*

ABSTRACT

Background: woman manifest a wide range of stress responses in their daily life in the personal life at home and job related stress at workplace. It can be in the form of physical disorders ranging from headache, neck ache, shoulder pain, lack of sleep, lack of appetite and in their extreme conditions, it can lead to lack of attention, frustrations, anxiety, depression and to suicidal thoughts. This can interfere their well being and quality of life activities of daily living also. Aim: The research examined the prevalence of depression among young adult woman residing in Kerala State. Research Design: Cross sectional survey design was used. Sample: A sample of 30 people (young adult females) over the age of 18 years participated in the study. Tool used: To assess the depression, CES-D a screening test for depression developed by Radolff (1977)was used. Results: Most of the participants does not have depression, but to a lesser extend mild to moderate depression and possibility of major depression was also found among the participants. Conclusion:. Early screening of depression at regular basis provides intimation towards the woman who need immediate interventions, including counseling facilities and even medical support on right time, protects them from hampering of their functional abilities to a greater extend.

Keywords: *Woman, Depression*

Woman

MARCH 2016 - Women's health was highlighted at this year's Commission on the Status of Women (CSW) in New York. WHO was involved in events and side panels addressing a broad range of issues relevant to women's health, including non-communicable diseases (NCDs), nutrition, household energy, and post-rape care.

These events focused on strategies to prevent, manage, and collaboratively mobilize on NCDs and mental health. And also invited attention of health researchers and practitioners to discuss how to best work together to communicate and address important health issues, particularly NCDs. The dynamic discussions that occurred within these events were key in identifying barriers and opportunities to collaborative work in addressing health and social inequalities experienced across women.

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Depression

Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life. At its most severe, depression can lead to suicide. When mild, people can be treated without medicines but when depression is moderate or severe they may need medication and professional talking treatments.

Depression is a disorder that can be reliably diagnosed and treated by non-specialists as part of primary health care. Specialist care is needed for a small proportion of individuals with complicated depression or those who do not respond to first-line treatments.

The literacy rate for women in Kerala stands at 87.86 per cent, compared to the Indian average of 54 per cent. In fact, women's life expectancy, maternal mortality rate, infant mortality rate and fertility rate all compare favorably with those of many wealthy developed countries. The suicide rate among women is reported to be twice the national average. The suicide rate of women in Kerala at 27 per 100,000[1], compared to the national average (for both men and women) of 10.With education women become more aware of their potential. But tradition, culture, family, society and state – all patriarchal in structure and ideology – have short-changed women.

Depression is predicted to be the world's leading cause of disability by the year 2030[2]. It has long been observed that women are about twice as likely to become clinically depressed[3]. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease[4].Women and depression is holding a relationship of much interest over the last two decades. As more and more women enter the work force, they are increasingly exposed not only of the same work environment as men, but also to unique pressure created by multiple roles and conflicting expectations. Modernity brought women education in its wake and she changed the arena of activity. She stepped out of the house and joined service like man. Now she got admiration, equality and opportunity. But she was supposed to take to this job as an additional responsibility. She not expected to shrink household work. This brought problems like strain and depression.

There is a lack of proper surveys, epidemiological or community based, on the prevalence of depression among young adult women, most of whom will be married in the Kerala cultural

scenario. The purpose of this study was to find out the prevalence of depression among adult woman in Kerala.

METHODOLOGY:

The study aims to screen the depression among the young adult woman in Kerala. Cross sectional design was used in the study. Convenient Sample of 30 young adult woman residing in Kerala has been taken. Data was collected from the participants through home visits. Inclusion criteria: young adult woman residing in Kerala, without any other physical or psychiatric illnesses. Exclusion criteria: less than 18years of age and having a confirmed diagnosis of any physical or psychiatric illness and taking treatment for that.

Tools Used

Demograhic data: for collecting the informations, age, education, occupation, marital status, family income per year, no of children and presence of elderly bed ridden member at home.

The Center for Epidemiological Studies-Depression (CES-D), originally published by Radloff in 1977, is a 20-item measure that asks caregivers to rate how often over the past week they experienced symptoms associated with depression, such as restless sleep, poor appetite, and feeling lonely. Response options range from 0 to 3 for each item (0 = Rarely or None of the Time, 1 = Some or Little of the Time, 2 = Moderately or Much of the time, 3 = Most or Almost All the Time). Scores range from 0 to 60, with high scores indicating greater depressive symptoms.

The CES-D also provides cutoff scores (e.g., 16 or greater) that aid in identifying individuals at risk for clinical depression, with good sensitivity and specificity and high internal consistency (Lewinsohn, Seeley, Roberts, & Allen, 1997)[5].

Procedure*:*

Participants were informed about the study and the associated confidentiality. Participants were clearly explained that they could discontinue their participation if they felt to do so at any point of time during the assessment. Informed consent was taken from the participants, and the tools were administered individually. Data was collected and analyzed by using appropriate descriptive statistical measures.

RESULT:

1. The demographic data (Table 1) shows that participants were in their young adulthood, aged between 20-29 years, N= 30. Age(Table 1)

Age	No of participants	Percentage (%)
18-21	0	
22-25	11	36.67
26-29	19	63.33

2. Education (Table 2) Among the participants most of them were graduates N=17 (56.67%),but postgraduates were N=8(26.67) and undergraduates were N=5(16.67). Education (Table 2)

Education	No of participants	Percentage(%)
Under graduation	5	16.67
Graduation	17	56.67
Post graduation	8	26.67

3. Occupation, Among participants it is observed that maximum number of participants are engaged in private jobs, N=14(46.67), second majority was housewives N=12(40%),but 4 participants N=4(13.33%) had Govt job, Occupation(Table 3)

Occupation	No of participants	Percentage(%)
House wives	12	40
Private Job	14	46.67
Govt job	4	13.33

4. Marrital status, Most of the participants are married N=24(80%),and the rest are N=6(20%) unmarried., Marrital status(Table 4)

Marrital status	No of participants	Percentage(%)
Married	24	80
Unmarried	6	20

5. Family income per year, Among the members maximum number of participants belongs to upper class N=19(63.33%), upper middle class is N=8(26.67%) and middle class N=3(10%)., Family income per year(Table 5)

Income/year	No of participants	Percentage(%)
Less than 10,032 p.a (BPL)	Nil	
10,033 to 20,040 p.a. (low middle class)	Nil	
33,241 to 33,240 p.a. (middle class)	3	10
33,241 to 66,840 p.a. (upper middle class)	8	26.67
Above 66,840 (upper class)	19	63.33

6. No of children (among married N=24), Among the participants(N=24 married woman) maximum number N=16(66.67%)has 2 child, 5 of the participant has single child N=5(20.83%)and the rest N=3(12.50%)has three or more child., No of children(Table 6)

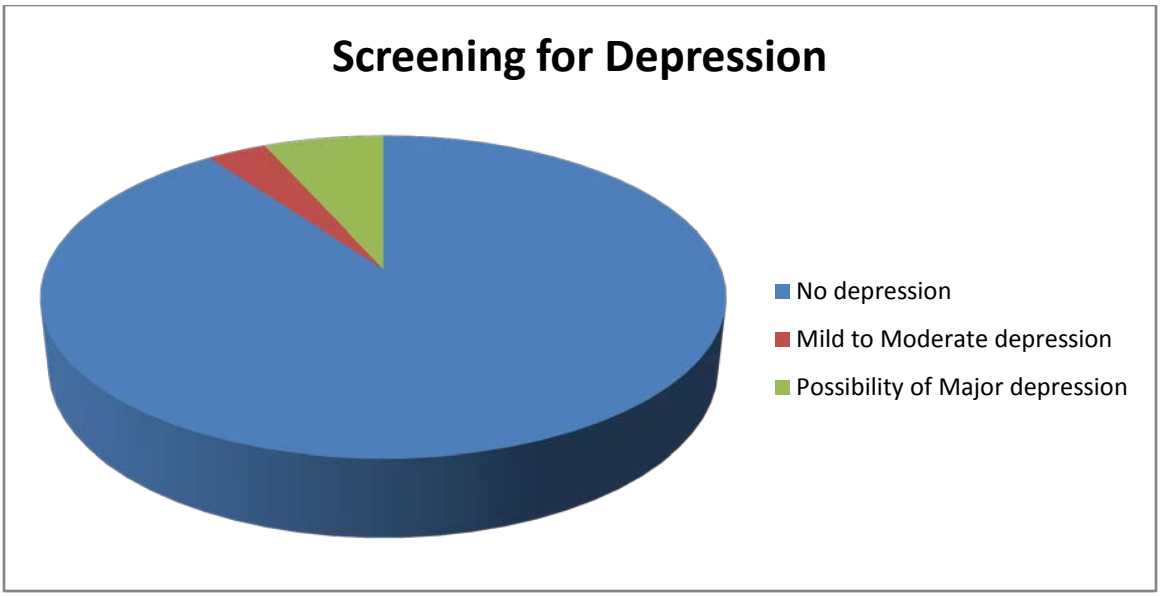
No of Children	No of participants having children	Percentage(%)
1	5	20.83
2	16	66.67
≥3	3	12.50

7. Presence of elderly bed ridden member at home, Maximum number of participants does not have any bed ridden family member to be looked after, N=27(90%) and the 3 participants has bedridden member at home to be looked after, N=3(10%), Presence of elderly bed ridden member at home(Table 7)

No of elderly bed ridden member at home	No of participants	Percentage(%)
yes	3	10
No	27	90

Depression

Maximum number of participants screened, does not have depression, which is clinically evident N=27(90%), Mild to moderate depression for 1 member N=1,(3.33%) and 2 participant has the possibility of major depression ,N=2(6.67%).



DISCUSSION:

Studies have reported that economic and interpersonal relationship difficulties, partner violence, sexual coercion by the partner as the common causal factors related to development of depression in general and depression during antenatal and postnatal period[6,7,8,9,10].It was also reported that poverty (low income and having difficulty in making ends meet), being married as compared with being single, use of tobacco, experiencing abnormal vaginal discharge and reporting a chronic physical illness were associated with risk of developing a common mental disorder[11]. Women as a group have also received considerable attention with regard to risk factors for development of depressive disorders. In an incidence study of common mental disorders[11].

CONCLUSION:

Nearly one tenth of the women screened positive for depression ,which is at a high magnitude keeping in view the prevalence rate of the country and the global estimates. Early screening for

depression among adolescents in school level and family counseling availability for marital disharmony, domestic violence and addiction makes a role in the decreased prevalence of depression .Early detection and treatment options for mental illnesses at Primary health centre levels throughout the state along with the reproductive health care facilities and workplace wellbeing clinics are essential for the reduction in the prevalence of depression among woman in Kerala.

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A Case Study Using Cognitive-Behavioral Therapy-Management of ADHD

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ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) remains one of the most prevalent mental health diagnoses identified in school-age children. Affected children show an increased risk for school failure, social difficulties, and the development of psychiatric co-morbidities. Despite the availability of evidence-based behavioral protocols for managing ADHD-related impairments, psychologists often encounter difficulties involving parents in the sustained implementation of these interventions. Cognitive-behavioral treatment aims to teach children with Attention Deficit Hyperactivity Disorder (ADHD) strategies to help them increase their self-control and problem-solving abilities, through modeling, role playing and self-instruction. Cognitive-behavioral treatment has shown mixed effectiveness regarding ADHD behaviors Cognitive-behavioral therapy (CBT) can address treatment obstacles through emphasizing psycho-education, the development of a collaborative treatment context. This article presents a case study of Jay, a 9-year-old child with ADHD. He was supplemented with child-focused CBT strategies by the psychologist and parental behavioral management training by the parent. This case study outlines a central role of CBT intervention in collaboration with the Parent in managing ADHD children.

Keywords: *Attention-Deficit/Hyperactivity Disorder, Parent Behavioral Management, Cognitive Behavior Therapy*

Cognitive-behavioral treatment is a theoretical and evidence-based intervention that addresses dysfunctional thoughts and attributions, maladaptive behaviors and cognitive processes through goal-orientated and systematic procedures in either group or individual therapy sessions. Cognitive-behavioral treatment aims to teach children with Attention Deficit Hyperactivity Disorder (ADHD) strategies to help them increase their self-control and problem-solving abilities, through modeling, role playing and self-instruction. Cognitive-behavioral treatment has shown mixed effectiveness regarding ADHD behaviors. In particular, this review will focus on the parental perspective. A number of issues including methodological quality and generalizability are raised, but overall it is recommended that cognitive-behavioral treatment continue to be considered appropriate for treating children with ADHD.

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The cognitive-behavioral model highlights the central role of thoughts and attributions in understanding an individual's emotional and behavioral life. The core techniques involve helping individuals to identify patterns of thinking that interfere with their optimal functioning (Levine & Anshel, 2011). No single set of methods defines cognitive-behavioural treatment. However, treatment is governed by two overarching main themes: the conviction that cognitive processes influence emotion, motivation and behaviour and the use of cognitive and behaviour-change techniques in a pragmatic (hypothesis-testing) manner (Butcher, Mineka, & Hooley, 2010).

Cognitive-behavioural treatment in relation to children with ADHD

Due to some limited effects of psycho stimulant medications on decreasing the cardinal symptoms of ADHD (Hechtman, Weiss, & Perlman, 1984; Gittelman & Kanner, 1986) researchers explored alternative treatment approaches such as cognitive-behavioural treatment. Carried out by a therapist, cognitive-behavioural treatment sessions attempt to teach children strategies to help them increase their self-control and problem-solving abilities, through modelling, role playing and self instruction (Kendall & Braswell, 1985; Kendall, Padever, & Zupan, 1980) to: (1) define the nature of the problem; (2) reflect on all the possible solutions; and (3) choose one solution and evaluate its outcome (Kendall & Braswell, 1985).

Most current models of ADHD emphasize the deficiencies in the executive functioning skills of behavioral inhibition and self-regulation (Barkley, 2006). These deficiencies in turn manifest themselves in overt behaviors, such as sustaining attention to academic tasks and inhibiting excessive motor activity. Cognitive behavioral proponents recognise the goodness of fit between these highlighted deficits in children with ADHD and the self-regulatory focus of cognitive-behavioral treatment (Hinshaw & Melnick, 1992). Relatedly, the proponents of cognitive behavioral approach contend that the maintenance of treatment gains can be achieved only through teaching a generalised set of cognitive mediational (self-talk) skills that children with ADHD can internalise.

CBT and Bandura's Theory

The cognitive-behavioral perspective can take a variety of forms and draws on a range of psychological theories. For example, Bandura's theory of *self-efficacy* – the view that one can achieve desired goals (1986, 1997) and that the beliefs individuals hold about their capabilities have a strong influence on the ways in which they behave (Usher & Pajares, 2008) - is an early example of a cognitive-behavioral perspective. He posited that cognitive-behavioral treatments work in large part by improving self-efficacy.

Beck's cognitive model makes the assumption that problems result from biased processing of external events or internal stimuli. These biases distort the way that person makes sense of the experiences he or she has in the world, leading to cognitive errors. Beck (2005) argues that underlying these biases is a relatively stable set of schemas that contain dysfunctional beliefs.

When the schemas become activated they bias information processing. The central focus in treatment is therefore to alter distorted and maladaptive cognitions and their underlying schemas; this is achieved through making individuals aware of and exploring the connections between thoughts and emotional responses and later learning and practicing strategies to better deal with difficult external events or internal stimuli. In the case of ADHD for example, the cognitive-behavioral approach helps pupils to understand links between thoughts, feelings and behaviors and that these may result in unhelpful, inappropriate or maladaptive consequences. The therapy also explores learning to change these thoughts, feelings and behaviors to produce more desirable outcomes (NICE, 2009).

ADHD is repeatedly singled out as a challenge for teachers, parents and psychologists, because of the behavioral characteristics commonly demonstrated by children with this disorder (Langberg, Froelich, Loren, Martin, & Epstein, 2008). Because ADHD is associated with poor peer relations and negative self-image (Horn, Ialongo, Greenberg, Packard, & Smith-Winberry, 1990), children with ADHD are at greater risk as adolescents and adults of several social and emotional problems, including substance abuse and depression (Gray, Riggs, Min, Mikulich-Gilbertson, Bandyopadhyay, & Winhusen, 2011; Tamm, Trello-Rishel, Riggs, Nakonezny, Acosta, Bailey, & Winhusen, 2013), and the frequency of academic and career problems is significantly higher in these children compared with the normal population (Jensen, Mrazek, Knapp, Steinberg, Pfeffer, Schowalter, & Shapiro, 1997; Springer, Phillips, Phillips, Cannady, & Kerst-Harris, 1992).

Findings on the effectiveness of cognitive-behavioral interventions on ADHD behaviors have been mixed. Literature demonstrates the limitations of cognitive behavioral interventions in directly targeting central ADHD impairments (Abikoff, 1987; Abikoff, 1991). Indeed, despite some early claims of success (e.g. Cameron & Robinson, 1980), systematic investigations aimed at comparing the benefits of cognitively based interventions with stimulant medications have demonstrated the superiority of the latter (Abikoff, Ganeles, Reiter, Blum, Foley, & Klein, 1988).

However, other studies show that cognitive-behavior techniques are effective in moderating impulsivity (Kendall & Braswell, 1982). A recent review by Munoz-Solomando, Kendall, & Whittington (2008) also suggests that cognitive-behavioral interventions can have beneficial effects delivered in absence of medication or as adjunct to continued routine medication for children with ADHD. Furthermore, current NICE guidelines retain their support for cognitive-behavioral interventions for children with ADHD; they consider group-based cognitive-behavioral interventions to be both effective with children with ADHD and cost efficient. In light of these discordant views, combined with the fact that many reviews are now dated, a re-consideration of the area is necessary.

The parent's role in supporting the child is crucial, yet literature highlights that parents of children with ADHD often struggle to manage their child's problems, suffering from stress and exhaustion (Green, Mc Ginnity, Meltzer, Ford, & Goodman, 2005). Further, recent legislation has highlighted the importance of involving parents in treatment options and the treatment process, making the parent's perspective of particular relevance to current practice. As such, this review will focus on the parent's perspective.

CASE PRESENTATION

Chief Complaints:

1. Hyperactive
2. Would grab whatever is in hands without prior permission
3. Does not pay attention to what is told
4. Always disturbing his peer group
5. Blurts out answers before a question is completed
6. Pays no attention in school work
7. Delays coping notes at school

HISTORY OF PRESENTING COMPLAINTS

Master L is 9 years old with a history of ADHD. He is an overactive child from early infancy, and his parents initially attributed his exuberant behavior to the natural tendencies of his sex. The parents tried their best to keep the behavior under control by verbally controlling his discipline and occasionally spanking him.

When he was 3 years of age, his parents came increasingly aware of his hyperactivity impulsivity. There were regular complaints from school regarding his inattention. At the age of 5 years he was diagnosed as ADHD by a psychologist. Their parents accepted the counseling done to help manage their son's condition, but the parents declined use of medication. Later when the child was changed to a new school, teachers complained about his hyperactivity, inattentiveness and distracting peer group, he would never wait for his turn and always impulsive, he would never wait for the question to be completed, and would blurt out answers, which became an hindrance in his understanding and learn more. The parents were called and again adviced to seek the help of a psychologist.

A psychological evaluation was done again and recommended for medication. This time parents accepted and started giving medication. The parents were placed on the defensive all the time and began to feel threatened, stating that "the focus was no longer on the child's condition but on the parental abilities". As a result to attend to children and coordinate their care, unable to navigate the different agencies that had become involved with their family and believing a more disciplinary and controlled environment might help, the parents kept away Mast L from his sibling, Master L was staying at his grandparents home and his other sibling was staying with his

parents, they would both exchange visit to their home weekly once. Neither environment had an effect on his behavior. He continued to be inattentive, hyperactive and impulsive.

DIAGNOSTIC STRATEGIES:

Table 1 lists the DSM IV criteria for the 3 subtype of ADHD. These are 1. Predominantly inattentive (has at least 6/9 inattentive behaviors, 2. Predominantly hyperactive and impulsive (has 6/9 hyperactive and impulsive behaviors), and 3. Combined (has at least 6/9 for both inattention and hyperactive-impulsive behaviors).

Table 1. DSM-IV Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

Six or more symptoms from the specified category (or categories) listed below must have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

314.01 Attention-deficit/hyperactivity disorder, combined type: categories A1 and A2
314.00 Attention-deficit/hyperactivity disorder, predominately inattentive type: category A1
314.01 Attention-deficit/hyperactivity disorder, predominately hyperactive-impulsive type: category A2
314.9 Attention-deficit/hyperactivity disorder not otherwise specified: prominent symptoms of inattention or Hyperactivity-impulsivity that do not meet criteria for attention-deficit/hyperactivity disorder

A1: Inattention

1. Often Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
2. Has difficulty sustaining attention in tasks or play activities
3. Does not seem to listen when spoken to directly
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
5. Has difficulty organizing tasks and activities
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
7. Loses things necessary for tasks or activities (Eg, toys, school assignments, pencils, books, or tools)
8. Is easily distracted by extraneous stimuli
9. Is forgetful in daily activities

A2: Hyperactivity-Impulsivity

Hyperactivity

1. Often Fidgets with hands or feet or squirms in seat
2. Leaves seat in classroom or in other situations in which remaining seated is expected
3. Runs about or climbs excessively in situations in which is inappropriate

(in adolescents or adults, may be linked to subjective feelings of restlessness)

4. Has difficulty playing or engaging in leisure activities quietly
5. Is "on the go" or often acts as if "driven by a motor"
6. Talks excessively

Impulsivity

1. Often Blurts out answers before questions have been completed
2. Has difficulty awaiting turn
3. Interrupts or intrudes on others (Eg, butts into conversations or games)

Additional required criteria

B. Some hyperactive-impulsive or inattentive symptoms that cause impairment were present before 7 years of age

C. Impairment in 2 or more settings (eg, at school, work, or home)

D. Clinically significant impairment in social, academic, or occupational functioning

E. Symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (Eg: mood disorder, anxiety disorder, dissociative disorder, or a personality disorder)

ADHD Rating Scale

Child's Name: _____Age: _____ Date:_____

Completed By: _____Parent__ Teacher__ Other _____

For each line below, please put an "x" in the box that best describes the child's behaviour over the last 6 months

BEHAVIOR INATTENTION	**Always**	**Very often**	**Somewhat**	**Rarely or Never**
Fails to give close attention to details or makes careless mistakes in schoolwork/homework.				
Has difficulty keeping attention on tasks or play activities.				
Does not seem to listen when spoken to directly.				
Does not follow through on instructions and fails to finish schoolwork or chores.				
Has difficulty organizing tasks and activities.				
Avoids or strongly dislikes tasks that require sustained mental effort (e.g., homework)				
Loses things necessary for tasks or activities (e.g., pencils, books, toys, etc).				

Is easily distracted by outside stimuli.				
Is forgetful in daily activities.				
Total for Inattention				
BEHAVIOR HYPERACTIVITY & IMPULSIVITY				
Fidgets with hands or feet or squirms in seat.				
Leaves seat in situations in which remaining seated is expected (e.g., dinner table).				
Runs about or climbs in situations where it is inappropriate				
Has difficulty playing quietly.				
Is "on the go" or acts "driven by a motor."				
Talks excessively.				
Blurts out answers to questions before the questions have been completed.				
Has difficulty awaiting turn				
Interrupts others or intrudes on others (e.g., butts into games)				
Total for Hyperactivity and Impulsivity				

Were some of these behaviors present *before* age 7? Yes __ No __ Unsure __ N/A __

Interpretation of the Scale

To look for the number of **symptoms in the Inattention** section in the "Always or very often" and the "Often" columns. To meet the criteria for ADHD inattentive sub-type, there must *six or more* of these. In other words, the child must have at least six of these symptoms which have persisted for at least 6 months to a degree that is maladaptive (significant impairment in social, academic, or occupational functioning) and inconsistent with developmental level.

Next to look at the totals for the Impulsivity and Hyperactivity section. To be consistent with the criteria for ADHD hyperactive sub-type, six or more of these symptoms should be in the "Always or very often" and the "Often" categories.

If the criteria for both inattention and hyperactivity are met (i.e., six or more in both), this is an ADHD combined sub-type.

Procedure

CBT was given for 45 minutes thrice a week. Twelve sessions were given, Cognitive-behavioral treatment sessions were carried out to teach strategies to help them increase their self-control and problem-solving abilities, through modeling, role playing and self instruction (Kendall &

Braswell, 1985; Kendall, Padever & Zupan, 1980), medications was also used to decrease the core symptoms of ADHD (Hechtman, Weiss, & Perlman, 1984; Gittelman & Kanner, 1986)

Where they have to:
(1) Identify nature of the problem
(2) Start acting on all the possible solutions
(3) Take any one solution and evaluate its outcome

Therapy Delivery	Duration Length	Procedure	Target Behaviors
Therapist	12 sessions thrice weekly 45 min (delivered in individually in a tailored session)	Cognitive-Behavioral Play sessions conducted with different thematic activities. Such as modeling, role playing, self instruction	Attention, working memory, impulsivity, self-control and hyperactivity

Fehlings et al., 1991; Horn et al., 1990; Miranda & Jesús Presentación, 2000 in their studies also implemented cognitive-behavioural treatment that instructed children in similar strategies such as problem solving, self-instructional training, self-monitoring and self-control therapy. The studies used similar methods of training, such as modeling, role playing and guided practice.

Froelich et al. (2002) reported discussing individually relevant academic or social problems. Parents were taught about CBT and that achieved significant findings across all measures and the authors felt that emphasis on generalisation of newly acquired skills played a key part in achieving this outcome measures.

Attention Deficit Hyperactivity Rating Scale (ADHD RS), was administered pre-post intervention to find the results in all the three specific domains, Inattention, Hyperactivity and Impulsivity

In addition to CBT, Parental Behavioral Training was done.
Parental Behavioral training has a long, successful history as a treatment for children with ADHD (Pelham et aI., 1998), oppositional defiant disorder (ODD) and conduct disorder (CD; Brestan & Eyberg, 1998), as well as many internalizing disorders (e.g., Silvennan et aL, 1999). Behavioral parent training explicitly provides parents with instruction in the implementation of behavior modification techniques that are based on social learning principles. Parents are taught to identify and manipulate the antecedents and consequences of child behavior, target and monitor problematic behaviors, reward prosocial behavior through praise, positive attention, and tangible rewards, and decrease unwanted behavior through planned ignoring, time out, and other non-physical discipline techniques (e.g., removal of privileges).

The efficacy of parent training in treating ADHD has been evaluated in at least 28 published studies (for a review, see Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004). These studies employed manualized parent training interventions, included children between the ages of 3 and 14, were heterogeneous in design (e.g., randomized, controlled clinical trials, single subject case studies), and combined parent training with various treatment components (e.g., school interventions, social skills training).

Overall, these studies suggested that parent training results in improvements for children with ADHD in several important areas, most notably parent ratings of problem behavior and observed negative parent and child behaviors, with an average effect size of .87 (range=- .09-2.25; Fabiano, Pelham, Coles, Gnagy, & Chronis, in preparation).

ln some cases, parent training has also resulted in improvements in other domains, such as parental reports of stress (e.g., Anastopolous, Shelton, DuPaul, & Guevern10nt, 1993), and social behavior and acceptance (Pelham et a1., 1988).

Parental activities that helped modify the behaviors of a child were such as

1. Maintaining a daily Schedule
2. Keeping distraction to a minimum
3. Setting small reachable goals
4. Rewarding positive behavior
5. Using charts and checklist to help the child stay on task
6. Finding activities in which the child can be successful (sports/games)
7. Using Calm discipline (time out was avoided, distraction, removing the child from the situation)

Therapeutic goals were established with the patient and family and therapy goals were initiated.

CBT included:

- Self instructions training for academic activities
- Controlling anger in peer provocation situations
- Learning self evaluation through instructions

ATTENTION ENHANCEMENT TECHNIQUES

	Activities	
	1. Grain Sorting 2. Coloring 3. Painting 4. Letter Cancellation 5. Digit Cancellation	Jay's attention span was only 10 minutes pre intervention, post therapy ie by 12^{th} session his attention span was 30 minutes

SELF INSTRUCTION AND COVERT MODELING

Academic Activities	Techniques	Therapist	Jay	Outcome
Delay in copying notes from the Black Board	Modeling and Self Instruction	The Therapist **modeled** Jay how to talk to self i.e give instructions to self without uttering but only in thought " I will complete copying my work from the black board today"	Jay would talk to self in thought that he should complete copying the notes from black board and would try to do it as much as possible	Jay could do this task to an extent of 75% by the end of 12^{th} session of therapy
Controlling anger in peer provocation situations	Self Instruction	Jay was told by the therapist how to control anger with peers at provocating situations	Jay would count numbers from 1 to 10 till he becomes calm and then leave the situation, where he will be provoked	Jay could practice this technique, and was able to control his anger about 80%
	Covert modeling	Jay was asked to use his imagination, visualizing not completing the work (copying notes from the board) on time as the therapist describes the imaginary situation in detail.		

Role Playing

Behavior	Technique	Therapist
Blurt out answers to question before having been finished asking question	Role Playing	Therapist demonstrates "blurting out answers with impulsivity" while doing a role play with other people and also the consequences were projected
On the Go always	Role Playing	Role playing with other children showing hyperactive movements

PHARMACOLOGICAL INTERVENTION:

Jay was on drug Methyphinedate - Inspiral 10 mg which was given twice a day, 1in the morning and the other in the night

RESULTS

The effectiveness of cognitive-behavioral treatment on ADHD symptoms in children with ADHD, as measured, was determined by the interactive effect (pre vs. post intervention). Significant interactions were found in all the three specific behavioral areas, but this is likely due to the active 'alternative' treatment (parental behavioral training).

Table 1: Scores Mast L Pre Intervention

Pre intervention or Baseline Scores	
Inattention	9
Impulsivity/Hyperactivity	9
Total Score	18

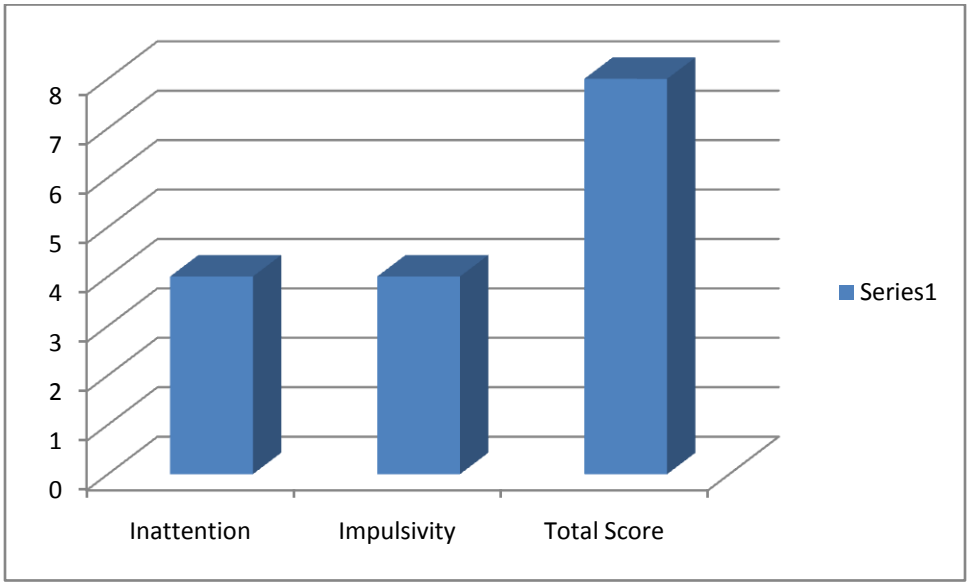


Table 2: Scores of Mast L Post Intervention

Post Intervention Scores	
Inattention	3
Impulsivity/Hyperactivity	3
Total Score	6

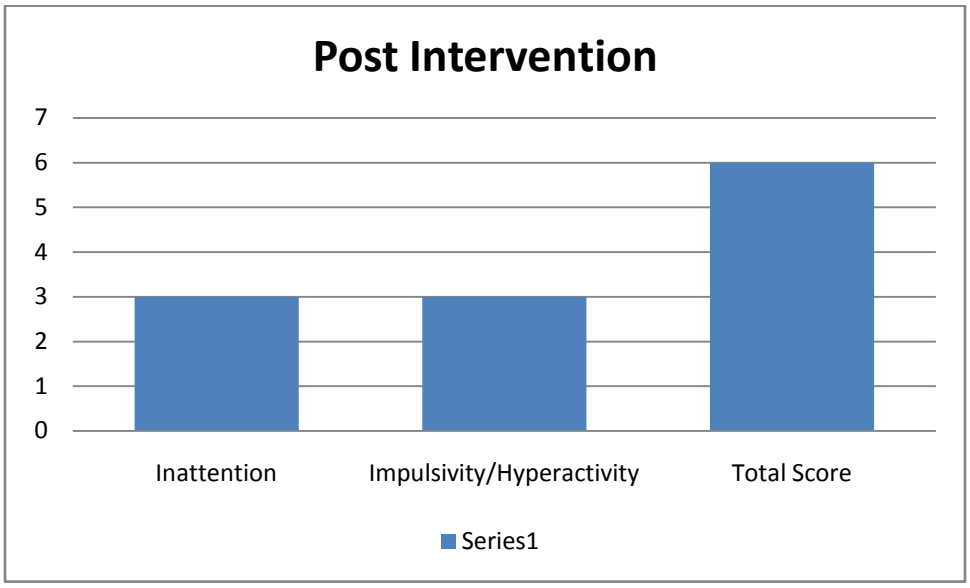
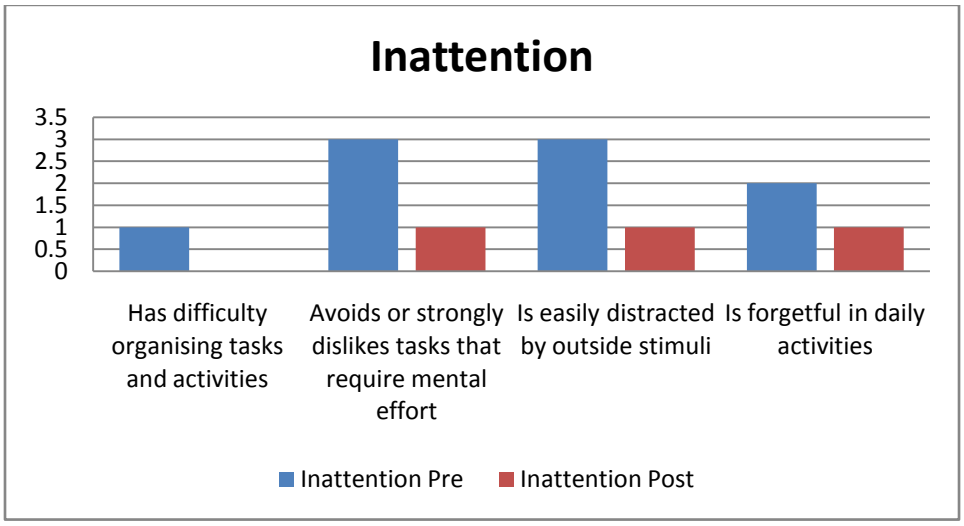
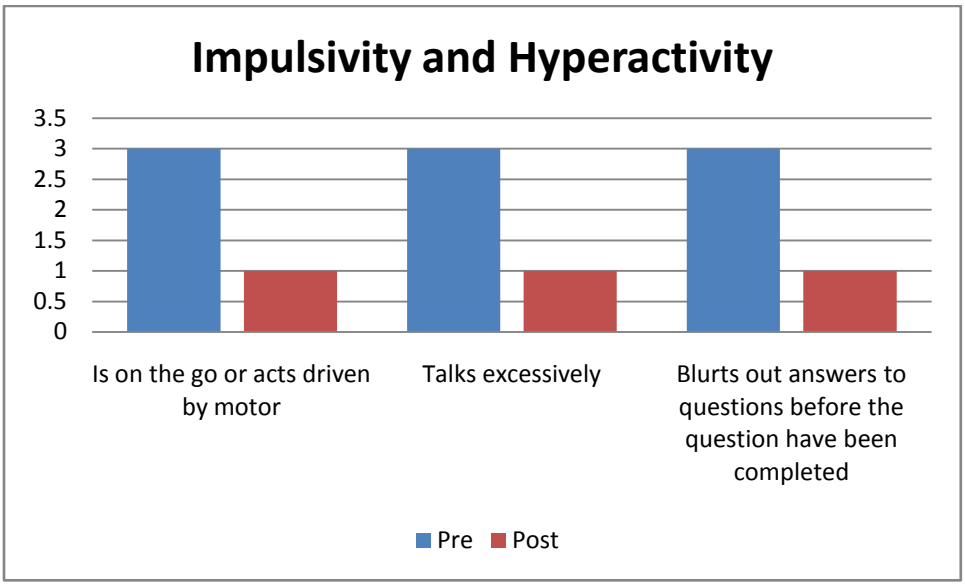


Table 1 depicts the scores of Master L's pre or baseline scores on Inattention and Hyperactivity, a score of 9 on inattention and 9 on hyperactivity and impulsivity, with total score of 18, Post intervention Table 2 depicts there was significant improvement in the three behavioral domains, the scores were 2 on inattention and 3 on hyperactivity and impulsivity, a total score of 8/18. There was significant difference in the domain of **Inattention** on items such as difficulty "organizing tasks and activities, which had a score of 1 post intervention it was 0, a score of 3 each on items such as "avoids or strongly dislikes tasks that require sustained mental effort"(eg home work) and" Is easily distracted by external stimuli", post intervention the score reduced to 1 on each domain, a score of 2 on the item of "Is forgetful in daily activities" has reduced to 1.
Scores pre intervention on domain **Impulsivity and Hyperactivity**, a score of 3 on items such as "Is on the go or acts driven by a move", "talks excessively and blurts out answer to questions before the questions have been completed", has reduced to score1 each post intervention

Graph 3



Graph 4



Graph 3 and Graph 4: Interpret domain wise graphical representation of Inattention and Hyperactivity and Impulsivity behaviors from Table 2.

CONCLUSIONS

Cognitive neuroscience has permitted a greater understanding of ADHD. Recent research and novel drug developments have provided new treatment options for adolescents and adults with ADHD. New stimulant formulations have made it possible to tailor treatment to the duration of efficacy required by patients and to help mitigate the potential for abuse, misuse and diversion. Although they tend to be less efficacious than stimulants, new non-stimulant options also allow for extended duration of treatment without the adverse consequences associated with stimulant therapy. Progress in non-medical therapies now provides several options for patients who cannot or will not use medications, and for the many medication-treated patients who continue to show residual disability.

Looking toward the future, research will need to address several unmet needs. Many treated people with ADHD continue to have problems with executive functioning and deficient emotional self-regulation. These problems persist in many patients even when the core ADHD symptoms (as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth edition (*DSM-IV)) are effectively treated. Future treatment development should aim at developing both psychosocial and medical treatments for these areas of difficulty. Future treatment research should also work to define and achieve optimal treatment outcomes for people with ADHD. Although current treatments are effective for achieving substantial symptom reduction in most patients, more work is needed to achieve full symptom reduction, and to reduce the burden of ADHD-associated disabilities.

There are also diagnostic challenges for clinicians that could be addressed by future research. ADHD symptoms, especially hyperactive-impulsive symptoms, tend to decline through adolescence into adulthood, so that the adult presentation of ADHD differs somewhat from the childhood presentation. Helping clinicians understand these differences, and how such differences should affect the application of diagnostic criteria requires more work.

Ideally, medical and psychological treatments should be tailored to the underlying pathophysiology of the patient. Theoretically, this should be possible by using the scientific literature on the neurobiology of ADHD with treatment outcome studies, as it is possible that patients with specific brain-imaging abnormalities or genetic variants would have different responses to treatments. To date, most of this work has been done in the area of pharmacogenetics which, although promising, cannot yet guide treatment choices.

In summary, although the science of ADHD and its application to diagnosis and treatment have made great strides, more work is needed to improve the lives of patients and families affected by the disorder.

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Study of Social- Emotional Learning of Girls and Its Relation to Their Father's Occupation at Early Childhood

B Deevena Pauleen[1]*

ABSTRACT

Family income has positive, wide-reaching effects on child well-being. A mother's unique orientations, strengths, and styles of interaction may appear to be more important in the socio-emotional lives of their children, yet many studies over the past two decades consistently demonstrated that father's have a measurable impact on children. The current study aims at exploring the social emotional learning of girls and its relation to their father's occupation at early childhood. The study consists of 30 girls from each age group of 4yrs, 5yrs and 6yrs. The sample was drawn from both Government and Private Schools (Play schools and Anganwadis) in Hyderabad. Early learning Observation Rating Scale by Gills, M., West, T., & Coleman, R., M , (2010) was administered. Data was analyzed using Descriptive statistics, Chi Square test for Independence and Pearson correlation coefficient. Results revealed that there is no significant relation between the social emotional learning of girl's and their father's occupation. A weak positive correlation exists between the social emotional learning of girl's and their father's occupation at early childhood.

Keywords: *Social Emotional Learning, Father's Occupation, Early Childhood*

"..the greatest returns on education investments are from nurturing children's non-cognitive skills, giving them social, emotional and behavioral benefits that lead to success later in life…"

Nobel Laureate, James Heckman (2004)

Increasing efforts across the world move towards preparing young students to reach their full potential by meeting their social and emotional developmental needs through effective teaching and learning. Consistent with the existing theory, the quality of parent-child relationship during early childhood affects children's social relationships and behavioral adjustments .A father's role is as vital as a mother's in nurturing and caring for their children.

What is Social-Emotional learning?

Social-emotional learning refers to the process of integrating thinking, feeling and behaving in order to become aware of the self and of others, make responsible decisions, and manage one's

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own behaviors and those of others (Elias et al., 1997). The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines Social and Emotional learning as *knowledge, habits, skills, and ideals that are at the heart of a child's academic, personal, social, and civic development. They are necessary for success in both school and life. This type of learning enables individuals to recognize and manage emotions, develop care and concern for others, make responsible decisions, establish and maintain positive relationships, and handle challenging situations effectively*.

Zero to Three: National center for Infants, Toddlers, and families (2014) emphasizes that it is through relationships that young children develop social and emotional wellness, which includes the ability to form satisfying relationships with others, play, communicate, learn, face challenges, and experience emotions. Maguire, et al., (2015) studied the relationships between emotional development and social behavior and the potential impact of gender. The results showed evidence of gender differences in levels of externalizing behaviors, inhibitory control and emotional expression. Emotional understanding played a less important role in predicting externalizing behavior for boys than girls. Matthews, Ponitz and Morrison (2009) found that girls performed better than boys in behavioral regulation.

Do father's influence socio-emotional learning of children; especially girls? - Review of Literature

Parental high warmth and responsiveness have been associated with superior child prosocial skills in early childhood (Sroufe, 1985). A mother's unique orientations, strengths, and styles of interaction may appear to be more important in the socio-emotional lives of their children, yet many studies over the past two decades consistently demonstrated that father's have a measurable impact on children. Studies have found that the quality of parenting exhibited by the father as well as the resources they bring to their family predict children's behavior problems, depression, self-esteem, and life-satisfaction (Eggebeen, 2012). Popenoe (1996) noted that involved fathers bring positive benefits to their children, which includes the area of social-emotional development that no other person is likely to bring. A father's closeness to and engagement in the life and activities of his children has predicted positive child outcomes in every area of social-emotional behavior (Parke, 2012). Bogels & Phares (2008) reviewed the indirect role of the father in the development of their children is through the support they give to the mother and the family which might be emotional or behavioral but also financial. Thus, better the economic support, children have access to more educational resources and have better opportunities to learn (Kaplan, Lancaster & Anderson 1998). In a study to analyze the relationship between the father's occupational status and children delinquency, it was observed that high rate of delinquents had fathers who are low-paid workers (Siva Sankara Rao, 2013). Many a times the importance of the father has been underestimated in lives of especially daughters. Findings from a study at University of Bristol revealed that girls developed depressive symptoms in adolescence whose fathers were absent during their first five years of life when

compared to girls whose fathers left when they were aged five to ten years. Moreover, the quality of the relationship between the father and daughter is associated with many of the most troubling problems like poverty, lower education, lower level of self esteem and confidence, poor interpersonal relations etc (Zia, Malik & Ali, 2015). A study involving two and three year old children of a racially/ethnically diverse sample of low-income fathers revealed that father's education and income were uniquely associated with child measures (Tamis-LeMonda et al., 2004). Research also shows that fathers help their children to develop positive self-concept, self-esteem, social competence, empathetic abilities, self-confidence, and emotion regulation, minimal research finds results that are contrary. Studies note that father's socioeconomic status, race/ethnicity and residential status have contributed to the contradictory results (Harris, 2010).
The role of a mother is often emphasized in the upbringing of children in all the faculties of development; especially girls but not much literature is available on the impact of a father on girls. It is intriguing to understand the relation of father with his daughter and how it has a bearing on her social- emotional learning.

Objectives

1. To study the socio-emotional learning of girls aged 4yrs, 5yrs and 6yrs.
2. To study the relationship between socio-emotional learning of girls and their father's Occupation.
3. To study the existing correlations between Social-Emotional learning, and Father's Occupation.

METHODOLOGY:

Survey method with purposive sampling technique is used to select the data from both government and private schools in Hyderabad. A total of 30 girls, 10 girls from each age group i.e., 4 yrs, 5 yrs and 6 yrs are selected for the study.

Early Learning Observation Rating Scale (Gills, M., West, T., & Coleman, R., M , 2010). The schedule measures seven domains of learning with 70 items (10 items each) to be rated on a 4 point scale for the intensity and the frequency of behavior and skill measured by each item. For the present study which is a working paper, the researcher has considered only the Social and Emotional domain which consists of 10 questions. This domain includes social interactions, friendships and play, turn-taking, reciprocal play, self-expression and emotions, interpreting emotions of others, cooperation, and participating in group activities. Validity of the tool was established by consulting the subject experts in the field and reliability by using split-half method (0.74). Descriptive statistics is used to study the social- emotional learning of girls of different age groups. Correlation analysis is done to study the relationship between the socio-emotional learning of girls with their father's occupation.

RESULTS AND DISCUSSION

Table 1: Distribution of the sample according to Age vs. Socio-Emotional learning

		Socio-Emotional Learning					
		High		Low		Moderate	
		Count	Row %	Count	Row %	Count	Row %
Age	4	2	20.0%	3	30.0%	5	50.0%
	5	1	10.0%	2	20.0%	7	70.0%
	6	1	10.0%	0	0.0%	9	90.0%

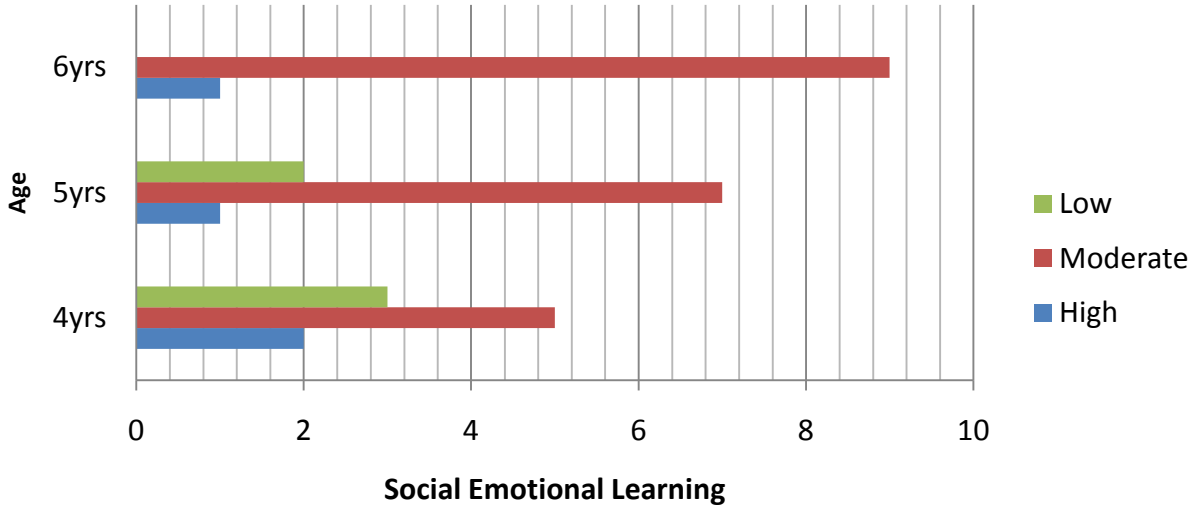

Figure1

Majority of the girls in ages 4yr, 5yr and 6yrs have Moderate level of Social-Emotional learning i.e., As the Age increased, a decrease in the Low level of Social-Emotional learning is observed but there is not much increase in the High level of Social-Emotional learning. The results are akin to *Howes (1988) who delineated a development sequence of social competence among children which develops steadily, at an uneven pace, as they get older*.

Chi-Square test of independence between the Age of girl's and their social emotional learning (sig.value – 0.349) revealed that there is no significant relationship between Age and Socio-Emotional learning at 5% level of significance.

Table 2: Distribution of the sample according to Socio-Emotional learning vs. Father's Occupation

		Social-Emotional Learning							
		High		Low		Moderate		Total	
		Count	%	Count	%	Count	%	Count	%
Father's Occupation	No Job	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Daily Wages	0	0.0%	2	33.3%	4	66.7%	6	100.0%
	Labor	1	16.7%	1	16.7%	4	66.7%	6	100.0%
	Pvt.Emp	3	20.0%	2	13.3%	10	66.7%	15	100.0%
	Govt.Emp	0	0.0%	0	0.0%	1	100.0%	1	100.0%
	Cnt.Govt.Emp	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Others	0	0.0%	0	0.0%	2	100.0%	2	100.0%

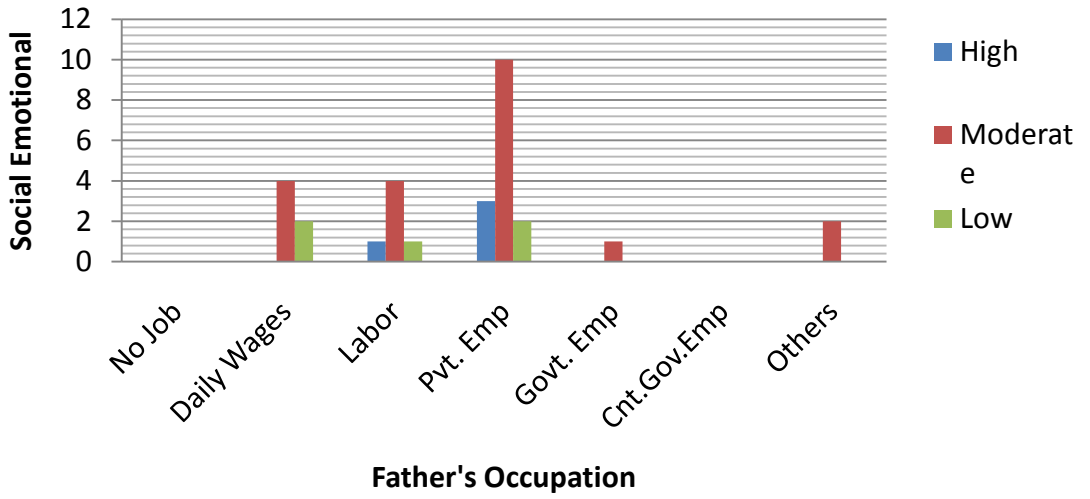

Figure 2

Of the total sample majority of the girls have Moderate level of Social-Emotional learning, irrespective of their father's occupation. High level of Social-Emotional learning is observed more (20%) in girls whose fathers are working as private employees when compared to girls whose father's are in other occupations. There is no significant relationship between social-emotional learning of girls and father's occupation (sig.value-0.87) at 5% level of significance. The results are in contradiction to Tamis-LeMonda et al., (2004) but, consistent with the conclusions of Harris, (2010). Though the relations may not be significant, yet a weak positive correlation exists between social-emotional learning of girls and their father's occupation (Pearson correlation coeffecient- 0.32).

CONCLUSION

Girls are seen smaller, weaker, and prettier (Rubin, Provenzano & Luria 1974). Studies have indicated that girls are more nurturant (Clarke-Stewart & Friedman, 1987), more socialized in

home (Srilatha, 1988), more altruistic (Agarwal and Padmassi, 1991) than boys. The recent focuses on the girl child, empowerment of women have helped to develop a positive attitude towards their healthy nurturing. It is evident that father's indirect role in the development of their children (girl's) is through the financial support they give to the family (Bogels & Phares, 2008). Thus, better the economic support, children have access to more educational resources and have better opportunities to learn (Kaplan, Lancaster & Anderson 1998). The present study results have showed non-significant relationship between the occupation of father's in relation to their girl child's social-emotional learning, and also a weak positive correlation between father's occupation and the social emotional learning of girls.

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Influence of Gender and Working Area on Quality of Work Life and Mental Health among Employees

Neeta N. Lad[1]*

ABSTRACT

The present study is aimed to study the influence of gender and working area of the employees on their quality of work life and mental health. Total 480 employees were selected for the study in which 240 employees were working in Shivaji University, Kolhapur and 240 employees were working in Mumbai University, Mumbai. They were equally distributed on the basis of gender and working area. Quality of work life was measured by 'Quality of Work Life Scale' (QWL) which is constructed by Dhar, Dhar and Roy (2011) and mental health was measured by Mithila Mental Health Status Inventory (MMHSI) by Anandkumar and Thakur (1984). Data was analyzed through descriptive statistical technique and Multivariate analysis of variance (MANOVA). Result revealed that gender and working area significantly influence on quality of work life of the employees. However, gender also significantly influence on egocentrism and social non-conformity of the employees. Additionally, working area significantly influence on employees alienation. Results were discussed on the basis of above fact and previous literature.

Keywords: *Gender, Working area, Quality of Work Life and Mental Health*

Quality of Work Life (QWL) has emerged as one of the most important aspect of job that makes certain long term association of the employees with the organization. QWL always leads to positive atmosphere and attempts to satisfy the higher order needs of employees. Quality of work leads to an atmosphere that encourages and improving their skill and good interpersonal relations.

Quality of Work Life (QWL)

The term 'quality of work life' refers to the favorable or unfavorable aspect of the job environment for people working in the organization (Davis, 1972). According to Srivastava and Kanpur (2014) quality of work life is the existence of a certain set of organizational conditions or practices. It is a degree to which members of a work organization are able to satisfy personnel needs through their experience in the organizations. Richard E. Walton explained quality of work in term adequate and fair compensation, safe and healthy working conditions, opportunity to use

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and develop human capacities, opportunity for career growth, social integration in the work place, constitutionalism in the work organizations, work and quality of life and social relevance of work. Nadler and Lawler (1983) point out that "Quality of work life is a way of thinking about people, work and organizations, its distinctive elements are (i) a concern about the impact of work on people as well as on organizational effectiveness, and (ii) the idea of participation in organizational problem-solving and decision making". The overriding purpose of quality of work life is to change the climate at work so that the human-technological-organizational interface leads to a better quality of work life (Luthans, 1995). Quality of work life is viewed as that umbrella under which employees feel fully satisfied with the working environment and extend their wholehearted cooperation and support to the management to improve productivity and work environment.

Mental Health

A several experts coated the importance of mental health in our life activities. mental health is an effective determinant for individuals integrated personality and balanced behavior and it is identified on the basis of individuals adjustment with self, others and environment. Mental health includes human productivity and proper functioning of mind and body. Mental health becomes a key interest of the experts in several disciplines.

A lot of distinct approaches regarding mental health were reported by the experts. Mental health is a sound mental condition or a state of psychological well-being or freedom from mental diseases (Schwartz et al., 1968). Keyes (2002) placed one distinct approach with respect to mental health. In his notion he claimed that mental health can be seen as a continuum, having different values. Generally mental wellness is viewed as a positive attributes, such that a person can reach enhanced level of mental health. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and a flexibility to deal with life's inevitable challenges. According to World Health Organization (2006) mental health is a state of well-being in which every individual understand his or her own strengths and weaknesses, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. There is no single definition or meaning or application of mental health which is agreed by all experts. There are several explanations of mental health which try to explain different approaches, definitions, meanings and uses of mental health even in a single context it may be used in many different ways.

Quality of work life and mental health is attributed by a lot of variables, however, in the present study it is seen that how these factors are attributed by gender and working area of the employee.

Quality of Work Life and related factors

A lot of variables are associated with quality of work life, which have either influence on quality of work life or influenced by quality of work life. Some representative previous studies are

presented here: Doble and Supriya (2010) reported that organizational efforts at providing a supportive work environment are appreciated as they go a long way towards enhancing work-life balance. Bolhari et al. (2011) conducted a study to investigate the relationship between quality of work life and gender and suggest that there is no significant relation was approved between them. Tabassum and Jahan (2011) aims to make a comparative learning of the existing quality of work life between the males and female employees. The study reveals that significant difference between male and female employees with respect to quality of work life. Indumathi and Selvan (2013) studied a perception on quality of work-life among male and female employees in the information technology companies. It is found that compare to male, female employees are greatly affected in the quality of work life factors such as stress, social integration and communication at the work place. Latkovic, Popovska and Popovski (2013) studied quality of work life of Macedonian managers. They compare the quality of work life among public and private sector and argued that quality of work is related with work environment i.e. public and private sector.

Mental health and its Connections

From previous studies it shows that a lot of variables are related with mental health, some of them are presented here: Borncl and Montrsre (2004) conducted a study to compare the mental health among male and female adolescents and demonstrate that there is a significant difference between male and female students in mental health. Probst et al. (2006) argued that rural populations experience more adverse living circumstances than urban populations, but the evidence regarding the prevalence of mental health disorders in rural areas is contradictory. It was observed that the prevalence of depression is slightly but significantly higher in residents of rural areas compared to urban areas, possibly due to differing population characteristics. Bhatt (2013) demonstrate the significant difference in emotional stability and depressive level between male and female participants. Anjum and Aijaz (2014) deliberate to study the influence of gender on feeling of security-insecurity of participants. The author of the study verified that female participants experience more insecure feelings than males. Acharya (2015) conducted a study to assess the influence of gender on mental health and demonstrated that gender differences were significantly related to mental health however, the interaction effect of gender and area was not influence on mental health.

OBJECTIVES

1. To study the effect of gender on quality of work life among the employees.
2. To study the influence of employees working area on their quality of work life.
3. To study the effect of gender on mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity) of the employees.
4. To study the influence of working area on mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity) of the employees.

Hypotheses

1. Gender will be significantly effect on quality of work life of the employees.
2. Quality of work life will be significantly influenced by employees working area.
3. Gender will be significantly effect on mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity) of the employees.
4. Employees working area will be significantly influence on their mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity).

METHOD

Participants:

In the present investigation 480 employees were selected for the study in which 240 employees were working in Shivaji University, Kolhapur and 240 employees were working in Mumbai University, Mumbai. They were equally distributed on the basis of gender i.e. 240 were male and 240 were female employees. They were selected on the basis of their job hierarchy. Employees having all job positions such as class I, class II, class III, etc. were incorporated in the sample. Propositional random sample method was employed for the data collection. The age of the adolescents ranged from 18 to 25 years. They have diverse range of the experience.

Tools:

a. Quality of Work Life (QWLS): This scale was constructed by Dhar, Dhar and Roy (2011). It has been designed to wide group of age for the measurement of quality of work life of the employees. The scale consists of 45 items having five point rating scale namely: 'Strongly Disagree', 'Disagree', 'Not Sure', 'Agree', and 'Strongly Agree'. The scale measures four dimensions namely; i) Productivity, ii) Work-life Balance, iii) Human Relations, and iv) Learning Organizations. The reliability of the test is 0.89. The scale is validated against the external criteria. Hence the test has adequate psychometric properties.

b. Mithila Mental Health Status Inventory (MMHSI): To measure the mental health of University of personnel the researcher is planning to use Mithila Mental Health Status Inventory (MMHSI) by Anandkumar and Thakur (1984). This scale contains five subscale namely; i) Egocentrism, ii) Alienation, iii) Expression, iv) Emotional Un-stability and v) Social Non-Conformity. High score on Mithila Mental Health Status Inventory is indicative of 'poor mental health'. The reliability index of Mithila Mental Health Status Inventory (MMHSI) is calculated by split half method and it is found 0.90 and by the test-retest method is 0.87. The Mithila Mental Health Status Inventory (MMHSI) has adequate content validity.

Procedure:

With prior consent of the head of the University and head of the respected department, researcher meet to employees in their work place and measures were given to them. They were requested to record their responses freely as per the test instructions on separate answer sheets. Finally, they were thanked for their cooperation. Individual testing approach was employed to collect the data.

RESULT AND DISCUSSION

In the present study gender and working area treated as independent demographic variables. They are divided into two levels; hence 2X2 factorial design was employed to see the influence of gender and working area on quality of work life and mental health.

Table 1: Intergroup comparisons (Descriptive Statistics) for quality of work life

DV	IV		Gender	
			Male	Female
QWL	Working Area	SU	M=95.14 (& SD=13.79)	M=100.69 (& SD=12.61)
		MU	M=102.55 (& SD=09.68)	M=102.76 (& SD=10.79)

(Note: N=120 in each inter-groups)

The first objective of the study was to study the effect of gender on quality of work life among the employees. It was hypothesize that gender will be significantly effect on quality of work life of the employees. Table 1 show the mean value for female is higher than that of male employees. Again in table 2 summary of table show the main effect for gender has significant influence on quality of work life ($F=7.12$, $df=1$ & 476, $p < 0.01$). The studies conducted by Tabassum and Jahan (2011) and Indumathi and Selvan (2013) are supported to conclusion drawn in the present investigation in this regard. This conclusion is in the line of the first hypothesis.

Table 2: Summary two-way analysis of variance (ANOVA) for the effect of Gender and Working area on Quality of work life

Source	SS	df	MS	F	Sig.
Gender (A)	994.752	1	994.752	7.12**	.008
Working area (B)	2693.269	1	2693.269	19.27**	.000
A X B	856.002	1	856.002	6.12**	.014
Within (Error)	66539.875	476	139.790		
Total	71083.898	479			

Second objective of the study was to study the influence of employees working area on their quality of work life. In this regard it was assumed that quality of work life will be significantly influenced by employees working area. Table 1 show the mean value for employees working in Mumbai University is higher than the employees working in Shivaji University, Kolhapur. Again in table 2 summary of table show the main effect for working area has significant influence on quality of work life ($F=19.27$, $df=1$ & 476, $p < 0.01$). The study conducted by Popovska and Popovski (2013) is supported to conclusion drawn in the present investigation. This conclusion is also in the line of the second hypothesis.

Table 3: Intergroup comparisons (Descriptive Statistics) for mental health sub-factors

DV	IV		Gender	
			Male	Female
EG	Working Area	SU	M=32.47 (& SD=3.85)	M=33.69 (&SD=4.27)
		MU	M=32.32 (& SD=3.05)	M=34.19 (&SD=2.85)
AL	Working Area	SU	M=29.88 (& SD=4.22)	M=30.23 (& SD=3.95)
		MU	M=28.03 (& SD=4.97)	M=27.58 (& SD=4.04)
EX	Working Area	SU	M=29.69 (& SD=3.88	M=30.52 (&SD=6.43)
		MU	M=30.92 (& SD=2.72)	M=30.83 (&SD=3.42)
EU	Working Area	SU	M=29.72 (& SD=3.88)	M=31.34 (& SD=3.58)
		MU	M=30.30 (& SD=3.14)	M=29.78(& SD=3.73)
SNC	Working Area	SU	M=30.99 (& SD=4.71)	M=33.52 (& SD=4.18)
		MU	M=30.25 (& SD=3.39)	M=33.18 (& SD=3.78)

(Note: N=120 in each inter-groups) and (Abbreviations: QWL-Quality of work life, EG-Egocentrism, AL-Alienation, Ex-Expression, EU-Emotional un-stability, SNC-Social non-conformity, SU-Shivaji University & MU-Mumbai University)

Table 4 depicts that the summary of multivariate analysis of variance (MANOVA). The third objective of the study was to study the effect of gender on mental health. However the sub-factors of the mental health namely egocentrism, alienation, expression, emotional un-stability and social non-conformity were considered for the analysis. It was hypothesized that gender will be significantly influence on mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity) of the employees. Table 4 shows gender has significant influence on egocentrism ($F=22.74$, $df=1$ & 476, $p < 0.01$) and social non-conformity ($F=54.44$, $df=1$ & 476, $p < 0.01$). However, alienation, expression and emotional un-stability does not influenced significantly by gender. This conclusion partially accepts with respect to third hypothesis.

Table 4: Summary of Multivariate analysis of variance (MANOVA) showing effect of gender and working area on mental health

Source	DV	SS	df	MS	F	Sig.
Gender (A)	EG	286.75	1	286.75	**22.74****	**.000**
	AL	.352	1	.352	.020 NS	.887
	EX	16.50	1	16.50	.875 NS	.350
	EU	35.75	1	35.75	2.77 NS	.097
	SNC	891.07	1	891.07	**54.44****	**.000**
Working area (B)	EG	3.852	1	3.85	.30 NS	.581
	AL	609.75	1	609.75	**34.83****	**.000**
	EX	71.302	1	71.30	3.78 NS	.052
	EU	29.50	1	29.50	2.28 NS	.131
	SNC	35.21	1	35.21	2.15 NS	.143
(A X B)	EG	12.35	1	12.35	.98 NS	.323
	AL	19.60	1	19.60	1.12 NS	.291
	EX	24.75	1	24.75	1.31 NS	.253
	EU	137.60	1	137.60	**10.65****	**.001**
	SNC	4.8	1	4.8	.29 NS	.588
Within	EG	6002.37	476	12.61		
	AL	8333.02	476	17.51		
	EX	8979.39	476	18.86		
	EU	6147.04	476	12.91		
	SNC	7790.78	476	16.37		
Total	EG	6305.33	479			
	AL	8962.73	479			
	EX	9091.95	479			
	EU	6349.89	479			
	SNC	8721.87	479			

Final objective of the study was to study the influence of working area on mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity) of the employees. It was hypothesized that employees working area will be significantly influence on their mental health (egocentrism, alienation, expression, emotional un-stability and social non-conformity). In table 4 it is seen that working area does not significantly influence on egocentrism, expression, emotional un-stability and social non-conformity. However, working area significantly influence on only one sub-factor of mental health namely alienation ($F=34.83$, $df=1$ & 476, $p < 0.01$). This conclusion also partially accepts.

Again only one interaction effect i.e. gender X working area (AXB) significantly influence on emotional un-stability ($F=10.65$, $df=1$ & 476, $p < 0.01$). However, remaining sub-factors of the mental health does not significantly attributed by such interaction.

CONCLUSIONS

1. Gender significantly influence on quality of work life of the employees.
2. Quality of work life significantly influenced by working area of the employees.
3. Gender significantly influence on egocentrism and social non-conformity of the employees.
4. Working area significantly influence on employees alienation.

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Organizational Stressors & Occupational Stress of Software Professionals in India

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ABSTRACT

In the current lifestyle of utmost complexities, the stress level is raising at a phenomenal rate. The factors that contribute to stress not only differ between cultures, but also within the culture itself, from a sophisticated to a normal class family, the ultimate necessity is the job, may it be a business or a salaried job.

This research work is an analytical, empirical study based on survey of IT professionals in India. The sample was drawn from the various IT hubs in India to make it more representative of the IT professional's population. Through the pre-tested questionnaire used in the survey, data were generated on the respondents' demographics, their perceived organizational stressors like Inter Role Distance, Role Stagnation, Role Expectation Conflict, Role Erosion, Role Overload, Role Isolation , Personal Inadequacy, Self-Role Distance, Role Ambiguity , Role Inadequacy.

The findings of this study would contribute significantly in better understanding of the stress in IT sector by the academicians and the practitioners. Finally, this study enriches the literature on stress management with respect to the sunshine industry of India.

Key words: Demographics, organizational stressors, Inter Role Distance, Role Stagnation, Role Expectation Conflict, Role Erosion, Role Overload, Role Isolation, Personal Inadequacy, Self-Role Distance, Role Ambiguity, Role Inadequacy.

Keywords: *Organization, Stressors, Occupational Stress, Software professionals, India*

The organizational stressors are a major source of satisfaction as well as frustration for the employees. Certain characteristics or inadequacies of job role have been noted as prominent source of occupational stress. The concept of role is the key concept in understanding the integration of the occupation in a system. Every organization is composed of a number of positions and specific roles associated with these positions. Position or office is essentially a relational concept, defining one position in terms of its relationship to other and to the system as a whole.

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Normally, performance of a role satisfies various needs of its occupant. But sometimes it becomes a potential source of stress too for the role-occupant. The problem a role-occupant faces today is that of managing the complex structure of roles by achieving an integration of one's self with the system of other roles as well as integration of various roles a person may be occupying.
In the present study, the organizational stressors were examined based on the Occupational Role Stress Scale (ORS) developed by Pareek (1993). The responses against each factor was collected by using five statements on Likert's 1 – 5 scale with each response being anchored to numerical value assigned to it.

Thus, calculated mean value of the organizational stressors ranges from a minimum of 1 (Strongly disagree) and a maximum of 5 (Strongly agree). Each factor was examined with five statements. The following section deals with the frequency tables of all the ten stressors of occupational stress.

RESEARCH METHODOLOGY

Statement of the problem

The problem of stress at work place is the key issue to be addressed immediately in IT sector which is at alarming stage so that the prime stressors are identified and action plans are suggested in order to minimize the stress levels and make the work place free from stress.

Significance of the study

The inevitable phenomenon of stress is wide spread in all most all working professionals and very high especially for IT (Information Technology) professionals. The study aims in analysing how the IT professionals are prone to Stress, the impact of stress on job satisfaction and how they cope with the stress faced.

Research design

Research design outlines the procedures for obtaining the information needed to structure or solve research problems. It gives a framework or blueprint for the study, suggesting the type of data to get or observations to make, how to analyse them, and the possible conclusions that can be drawn from the analysis. Continuing the legacy of earlier research works, the research design of the present study considered organizational stressors as key areas of research to make more comprehensive study in the area of stress management that has been identified as a gap in the research studies reviewed.

OBJECTIVES

The present study was designed to analyze the various factors influencing occupational stress of information technology professionals in India, with following specific objectives:-

1. To identify the sources or causes of occupational stress in the IT industry.
2. To suggest suitable measures for reducing occupational stress to the IT companies.

HYPOTHESIS TESTING

H01: There are no significant relationship between organizational stressors and occupational stress levels

The core objective of the study is to empirically investigate the relationship between the organizational stressors considered in the present study and the occupational stress levels. The linear regression analysis was performed to examine the statistical significant relationship between the stressors considered and stress levels by 'Enter' method. Regression is not just one technique but a family of techniques that can be used to explore the relationship between one continuous dependent variable and a number of independent variables or predictors (Pallant, 2007). Regression is based on correlation, but allows a more sophisticated exploration of the interrelationship among a set of variables.

Table 1 shows that 45 % of variance in occupational stress level is explained by the model, which is quite a respectable result when compared with some of the previous studies. The table also displays the "Durbin-Watson test for autocorrelation" which is a statistic that indicates the likelihood that the deviation (error) values for the regression.

Table 1 Regression Model Testing between Organizational Stressors and Occupational Stress – Model Summary[b]

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.670[a]	.450	.438	.35086	1.799

a. Predictors: (Constant), RIN, RE, IRD, PI, RS, RI, REC, RA, SRD, RO b. Dependent Variable:

Overall Stress

The Durbin-Watson statistic is always between 0 and 4. A value of '2' means that there is no autocorrelation in the sample. Values approaching '0' indicate positive autocorrelation and values toward '4' indicate negative autocorrelation. The Durbin-Watson value is close to '2' which represents no autocorrelation which means the values are independent.

Table 2, Regression Model Testing – ANOVA Results on Occupational Stress

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	47.343	10	4.734	38.459	**.000[b]**
	Residual	57.980	471	.123		
	Total	105.324	481			

a. Dependent Variable: Overall Stress

b. Predictors: (Constant), RIN, RE, IRD, PI, RS, RI, REC, RA, SRD, RO

Table 2 displays the ANOVA Test results of the model tested by using the linear regression analysis. The analysis of variance conducted by considering occupational stress level as dependent variable (a) and all the organizational stressors considered as independent variable (b) displayed significance value less than 0.000 ($p<0.05$) with F value as 38.459. This shows that the model displayed statistical significant relationship between the predictors' i.e. independent variables and the occupational stress level i.e. dependent variable.

Table 3, Model Testing – t test Results on Occupational Stress

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.475	.095		26.115	.000
	IRD	.354	.035	.516	10.217	.000
	RS	-.278	.041	-.441	-6.751	.000
	REC	-.268	.048	-.407	-5.580	.000
	RE	-.080	.041	-.128	-1.976	.049
	RO	-.234	.062	-.319	-3.764	.000
	RI	.233	.053	.318	4.420	.000
	PI	.183	.040	.294	4.564	.000
	SRD	.306	.043	.596	7.074	.000
	RA	.272	.037	.508	7.399	.000
	RIN	-.258	.062	-.389	-4.153	.000

a.	**Scale**	**No of Items**	**Mean**	**S.D.**
1	Inter Role Distance	5	2.38	0.682
2	Role Stagnation	5	2.53	0.742
3	Role Expectation Conflict	5	2.45	0.710
4	Role Erosion	5	2.68	0.743
5	Role Overload	5	2.39	0.637
6	Role Isolation	5	2.29	0.638
7	Personal Inadequacy	5	2.69	0.749
8	Self-Role Distance	5	2.36	0.911
9	Role Ambiguity	5	2.23	0.873
10	Role Inadequacy	5	2.14	0.704
Overall Score for Organizational Stressors			***2.41***	***0.577***

Table 5 : Hypothesized Outcomes of Occupational Stress

Hypotheses	Statement	Result
H_01	*There are no significant relationship between Organizational stressors and Occupational stress*	**Rejected**

FINDINGS OF THE STUDY

In line with the objectives and hypotheses tested, this discussion will cover the major findings of the present study:

Organizational Stressors

The present study has considered ten organizational stressors to examine. From the analysis made, it can be found that all the organisational stressors were recorded as having low impact on the sample IT professionals. Among the selected organizational stressors, personal inadequacy (mean=2.69) and role erosion (mean=2.68) found to be having high scores. The overall mean of total organizational stressors was also low (mean=2.41). These low values might be because of the biased information given by the sample respondents. The organizational stressors found to be having significant impact on the occupational stress of the respondents. All the stressors selected in the present study have exhibited 45% of variance in the occupational stress of the IT professionals.

SUMMARY

The hypotheses framed relating organizational stressors and occupational stress were tested using appropriate statistical tools. The study found no significant relationship of gender and marital status on occupational stress. By conducting z test and analysis of variance, the study found age, education, experience, working hours and income having significant relationship with occupational stress. By employing linear regression model testing, it is found that 45% of variance in occupational stress can be explained by the ten organizational stressors considered in the present study. The results of the hypotheses were tabulated in the above table.

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Mental Health among Doctors and Advocates as Related To Their Working Spouses

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ABSTRACT

The Purpose of the present investigation is to find out the mental health of doctors and advocates. The study was conducted on a sample of 300 professionals (150 Doctors and 150 Advocates) drawn from Meerut District. Mental health was measured by Mithila Mental Health status Inventory (M.M.H.S.I.) developed by Kumar and Thakur (1986). The results were analysed with the help of ANOVA and t test, ANOVA revealed that profession and occupation of spouse cumulatively influences the mental health of professionals. It was found that doctors have better mental health as compared to advocates. In the same way doctors and advocates who have working spouse have better mental health as compared to those whose spouse are not working. Thus the findings have applied application for doctors and advocates.

Keywords: *Mental health, occupation of spouse, profession, ANOVA*

Study of mental health has been a challenging task for the psychologists, researchers and other professionals who practice in medical and counselling fields. Studies conducted on mental health during the last ten years have not brought to light any single factor or a group of factors that equally or consistently promote mental health of professionals. Barnett, (1992); Travers et al., (1993), found relationships between job stress and psychological distress. It is exacerbated among men who had troubled relationships with their partners. Zilli & Zahoor (2012) and Chaudhary. (2009), conducted a research on females who were highly educated and the results revealed that higher education female teachers have greater organizational commitment as compared to higher education male teachers. And the level of life satisfaction was higher among women in terms of level of stress as compared to their counterparts.

The term 'Health' is a positive and dynamic concept that implies more than absence of illness. The World Health Organization (W.H.O.) 1951, has defined health as "Stat of complete physical, mental and social well-being and not mearly the absence of disease or infirmity". Eysenk (1972) stated about Mental Health" A State in which the need of individual and the claims of

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environment are fully satisfied or the power by which this harmonious relationship can be attained "The positive well being" as the criteria of mental health. This is an ideal state. Thus mental health has been viewed in terms of ideal rather than in terms of lack of disease (W.H.O. 1951). Review related of literature revealed that mental health is influenced by different factors in different situation. It is influenced not only by the needs, aspirations, personality factors but also by others socio-psychological and environmental factors, providing in the society that exist at a particular moment of time. Simen et al. (1995) explored gender differences in the consequences of combining spouse parent and worker roles for mental health it was found that work and family roles have different meaning for men and women. Not only gender but socio-economic status is also an important variable that effects the mental health of professionals Goldenhar et al. (1998), illustrated that having responsibility for others safety, having support from supervisors and coworkers was related to greater job satisfaction.

Thus, on the basis of above studies psychologists realized the complexities associated with the study of mental health of professionals specially among doctors and advocates. Psychologists have realized the complexities associated with the study of mental health of professionals especially doctors and advocates.

METHODOLOGY

Objectives:- The objectives of the present investigation is to study the mental health of doctors and advocates. Another objective of the study is to study the mental health of doctors and advocates having working and non working spouses.

Hypothesis: On the basis of above objectives following hypothesis were formulated:

1. Doctors and advocates were significantly different in their mental health.
2. Doctors and advocates having working/non working spouses were significantly differ in their mental health.
3. Profession of spouse will cumulatively influence the mental health of subjects.

Sample:- The sample of the present study consists of 300 professionals. 150 doctors and 150 advocates comparing both working and non working spouses between the age range of 30 to 50.

Table-I, Characteristic of the Sample

Groups	M	F	Age Range	Experience
Doctor(150)	115	35	30 to 50 yrs	1 to 20 yrs
Advocates(150)	115	35	30 to 50 yrs	1 to 20 yrs.

Tools: In present research investigation Mithila Mental Health Status Inventory (M.M.H.S.I.) developed by Kumar and Thakur (1986) was used for measuring the mental health of professionals and their spouses (Working and Non working). Higher scores in the inventory refers to the poor mental health. Its reliability is .90 by split half method and validity is

statistically significant by comparison method.

RESULTS

The data was analysed with the help of ANOVA and 't' test. The results obtained by test are given in the following tables.

Table-II, Analysis of Variance Mental Health Status Among Professinals

Source	S.S.	d.f.	M.S.S.	F. ratio
Doctor & Advocates (A)	236.31	1	236.31	34.26**
Working /Non Working Spouse (B)	16.05	1	16.05	2.33*
A × B	32.15	1	32.15	4.66**
Error	2039.44	296	6.89	
Total	323.95	299		

* significant at 0.01 level of significance

The above table depicted that profession and spouse exert significant effects on mental health of subjects. The interaction value is also significant at 0.1 level of significance. On the basis of above table we can say that profession and spouse has cumulative effect on the mental health of subjects. Sharma et al. 2009; Tomar et al. 2009 and Rani (2009) found a negative relationship between stress and life satisfaction as well as self esteem and stress but positive relationship was found between self-esteem and life satisfaction.

't'- test was also used to find out the significant differences between the groups.

Table-III, Comparison of Mental Health between Doctors and Advocates

Groups Compared	N	Mean	S.D.	t-value
Doctor	150	124.84	11.42	6.87**
Advocates	150	131.033	12.55	

** Significant at .01 level of significance.

The above table confirms that there is significant difference between mental health of doctors and advocates. From the table it can be inferred that doctors have better mental health as compared to advocates. The mean value on mental health of doctors (m=124.84) and mean value of advocates on mental health is (m=131.03) and ("SD-11.42 and 12.55") respectively. From these value it is assumed that higher the mean on mental health, poorer is the mental health of professionals. On the basis of these results we can say that doctors have better mental health as compared to advocates.

Tale-IV, Comparison of Mental Health of professionals having working and non working spouses

Groups Compared	N	Mean	S.D.	t-value
Working Spouse (Doctors & Advocates	135	124.30	10.44	3.08**
Non-working spouse(Doctors & Advocates)	165	128.30	12.15	

******Significant at .01 level of significance

The above table depicts that occupation of spouses (working/non-working) significantly influences the mental health of professionals. The mean value of mental health of those professionals who have working spouse have better mental health (Mean 124.30 and SD 10.40) as compared to the mean value of professionals whose spouses were not working (Mean 128.30 and SD 12.15). Higher mean value showed poor mental health of professionals. Thus, we can say that doctors and advocates whose life partners were working have better mental health as compared to those whose life partners are not working.

Mansuri (2008) found that married working women have better mental health, private and public sector working women were the same on mental health, and Sharma, (2009) found a significant difference in the level of stress between working and non-working women. As Tripathi et al. (2008) stated that cognition functions of working women are greater than non-working women.

Doctors and advocates constitute the institutions of specialist. It is forcefully argued by expert of human resources development that specialization in a particular skill is a important component of individual. Doctors and advocates differ in their mental health because of their intellectual abilities, Jobs differ in the demand they place on them to use their intellectual abilities, capabilities, talents and also their expertize are important moderators perform their work successfully specially for doctors.

DISCUSSION

James (1999); found a negative relationship between daily stress, intimacy and marital quality and a degree of anxiety etc. Sareen (2009) tried to identify the factors that affect mental health of employers and suggested that some strategies and could create a happy work place.

On the other hand advocates and lawyers want simple answers to complicated human questions and insist to seek them even when they may not best describe the truth. It is because they come from near by villages, towns to do their work and usually return to their native places after duty. They look after their ancestoral properties. Thus their involvement in legal work is tangible and any out side interest may be more uncreative. Bruke et al. (2004) investigated a sample of 776 police officers with a spouse or partner in the same profession, and both have reported significantly lower concern for spouse Perrone & Kristin, (2005) highlighted information for

career counsellors when they were addressing work family interface with individuals who have members of same, sex, dual earner couples or families.

In doctors the feeling of confidence, self-assurance, self-motivation, perhaps self intrinsic satisfaction, which doctors acquired by his/her occupation helps in festering better mental health. Doctors have greater freedom of action. They themselves possess their authority for scheduling the work and taking decisions for the execution of their tasks. In this regards advocates can only play the role of obeying the orders and not to take decisions on their own. Such aspects are found to influence the mental health, which is amply, reflected in our findings where doctors have better mental health as compared to advocates. As Sharma et al. (2009), demonstrated that type of profession is a strong cause of positive and negative mental health supported above stated findings.

While interpreting that professional with working spouse overall have better mental health as compared to professionals with no working spouse. We found the cause behind this is due to earning of their counterpart. Professionals have good adjustment, flexibility to expenditure and same educational level. They feel secure about their future due to dual income, they have luxurious life with all comforts. They have freedom of taking decisions and face challenges of life. Because of these aspect professionals have better mental health as compared so those who have none working spouse. Hence our findings are supported with the findings of Rosen & price (2001); Roundoft et al (2002) : Rosenlnal and Price (2001), these researchers have found that status of spouse is closely related to the economic position for better mental health among doctor and advocates.

CONCLUSION

On the basis of above discussion, it can be summarized that Doctors and advocates who have working spouse have better mental health as compared to those whose spouses are not working.
In this concern finding have applied applications for doctors and advocates according to some intervention strategies can be evolved to promote better mental health. Among doctors and advocates who have no working spouse.

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A Comparative Study of Personal Values of Male and Female Secondary Teachers of Rewari District

Goldy Gupta[1]*

ABSTRACT

Value makes life worthwhile, education enriches it and society provides circumstances in which one could lead it successfully or whatever it may mean from time to time. Whole educational system revolves around the teachers. Teachers occupy the pivot role. He is at the core of the process who can 'mend or end' the future of the individual, society and nation. But the teachers' thinking, feeling and actions are guided by his personal values. It is a matter of great sorrow that today secondary teachers have proved themselves worthless to great extent. They have not been justifying themselves as they thought to have their educational growth, standard, ideology and other aspects of their personality are embarrassing to the society. What is the mirror of their value pattern, how it can be modified; for it, the researcher took a sample of 100 secondary teachers; out of which 50 male and 50 female secondary teachers. After collecting and analyzing data, it was found that there is significant difference between the personal values of male and female secondary teachers at religious value, social value, democratic value, hedonistic and power value.

Keywords: *Value, Teacher, Secondary, Personal Value, Education.*

"**B**acon took all knowledge to be his province, but such is the extent of knowledge today that there is not time enough in the years of schooling to include it all. Hence we need a criterion to tell not only what knowledge is good but also what knowledge is better and best to save time by establishing priorities." (**Brubacher)**

This establishing of priorities to achieve the best necessarily opens up a vast area of comparisons based on pre-decided norms, criteria and procedures in a continuous manner irrespective of local conditions and situations. Life, as such, has been a long pursuit of such norms that may help us compare and judge so as to arrive at goals. To evaluate or to judge with reference to a comparable norm generally referred to as value. Values, therefore, are the roots on which an intellectual, social and moral super-structure of man's activities is raised so as to be tenable and consistent. A value system may vary as to its nature, intent and extent, it remains central to the

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act of judging. Values are like rails that keep a train on the track and help it move smoothly, quickly and with direction. It brings quality to life. Generally, whatever helps one in achievement of the desired result or satisfy his or her desire and needs, is considered as value. Value is associated with usefulness and status. Therefore, a value system is the end result of experiences, utility and satisfaction, finding its way into consummation of life experiences, needs, goals and beliefs. Our major concern is to identify such values in the context of well-being of total system, incorporating existence of animate and inanimate objects on the earth.

Value-system, school programmes and educational values are the manifestation of the aspirations of a people, at a point, at a point of their social and cultural evolution, development and progress. Values make life worthwhile, education enriches it and, society provides circumstances in which one could lead it successfully or whatever it may mean from time to time. There is a strong relationship between education and values.

"All proximate aims of education take their direction from the aim which itself stands imperishable and eternal." Educational development considers both immediate and long lasting goals and objectives which inversely, build around intrinsic and extrinsic values.

Meaning of Value

Etymologically, value means quality and makes a thing, concept or individual important, useful and worth going in for. Philosophically, value signifies neither a thing nor an individual, but is a concept, a thought, an underlying idea, which may vary or even differ, from place to place, time to time, which may find fruitful in favourable conditions and environment.

Brubacher: To state one's aim of education is to state his educational values.
Dewey: Value may be connected inherently with liking, yet not with every, but with those which judgement has approved, after examining the relation upon which the object liked depends.
Henderson: Man acts to satisfy his wants. Anything that satisfies a human want becomes value.

Personal Values are the values refer to those values which are desired and cherished by individual irrespective of his/her social relationships. Its meaning is multiple and complex. For example: punctuality, courage and maturity etc.

Value makes life worthwhile, education enriches it and society provides circumstances in which one could lead it successfully or whatever it may mean from time to time. Whole educational system revolves around the teachers. Teachers occupy the pivot role. He is at the core of the process who can 'mend or end' the future of the individual, society and nation. It is a matter of great sorrow that today secondary teachers have proved themselves worthless to great extent. They have not been justifying themselves as they thought to have their educational growth, standard, ideology and other aspects of their personality are embarrassing to the society. What is

the mirror of their value pattern, how it can be modified, to find out the answers of such questions, the researcher selected the current topic for research work.

Objectives of the Study

1. To study the personal values of male secondary teachers
2. To study the personal values of female secondary teachers
3. To find the significant difference, if exists, in the personal values of male and female secondary teachers.

Hypothesis

1. There is no significant difference exists between the personal values of male and female secondary teachers.

Delimitations

The present study has been delimited with respect to the following terms:

Area: The study has been delimited to Rewari district of Haryana state only

Sample: The study has further been delimited to a sample of 100 secondary teachers of Rewari District in Haryana state selected at random. Secondary teachers are the teachers, who are indulged in the job of teaching secondary classes.

Sex: Both sex were taken into consideration

Tool: P.V.Q. (Personal Value Questionnaire) prepared by Dr.(Mrs.) G.P. Sherry and Prof. R.P. Verma. The study has been delimited to following values:

1.	Religion Value	6.	Knowledge Value
2.	Social Value	7.	Hedonistic Value
3.	Democratic Value	8.	Power Value
4.	Aesthetic Value	9.	Family Prestige Value
5.	Economic Value	10.	Health Value

REVIEW OF LITERATURE

The literature in any field form the foundation upon which all further work will be built. So, the review of related literature is an essential pre-requisite to actual planning and execution of any research project. The findings of earlier experiment encourage the investigator in avoiding duplicity on one hand and in getting benefit from similar studies on the other in respect of methods adopted and devices used in the collection of the data and their organization and interpretation.

REDDY, S.G. and REDDY. 2004. “Life Values: A Study on M.B.A. Students”. Indian Journal of Applied Psychology, Vol. 41, 13-16

MAJOR FINDINGS:

1. There is no significant difference in mean importance ratings between any of the pairs of value domains.
2. There is significant difference in mean importance ratings between each value domain in first layer and each domain in second layer
3. With the value domain in the first layer having significantly higher importance ratings compared to the value domain in the second layer.

AGOCHIYA, DEVINDER PAL. 1992."A Cross-Cultural study of Personality, Values and Altruistic Behaviour of Youth Workers". Ph.D. Psychology, Punjab University.

MAJOR FINDINGS:

1. Youth workers scored higher on altruism, and lower on psychoticism, extraversion and neuroticism.
2. Youth workers were lower on theoretical, economic and aesthetic values whereas they were higher on social, political and religious values in comparison with other adults.
3. Country wise comparisons showed significant differences in altruism, extraversion, neuroticism, social desirability, economic values and aesthetic, social, political and religious values, but not in psychoticism

CHAND, S.K. 1992. "A Study of Personal Values of Adolescent Boys and Girls in relation to Socio-economic Status and Academic Achievement ". M.Phil.,Edu., Utkal University.

MAJOR FINDINGS:

1. There was no significant correlation between socio-economic status and religious, democratic, economic, knowledge, hedonistic, power and family-prestige value. But, there was significant relationship between socio-economic status and social, aesthetic and health value
2. There was no significant correlation between academic achievement and social, democratic, aesthetic, economic, knowledge, family-prestige and health value.
3. Boys and girls did not differ in religious, social, democratic, aesthetic, knowledge, hedonistic, family-prestige and health value: but differ in economic and power value significantly.

METHODOLOGY

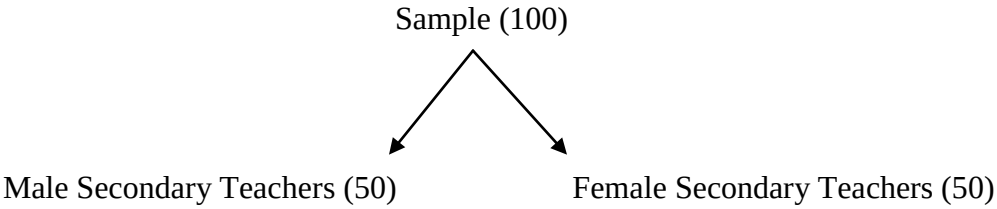
The method to be employed always depends upon the nature of the problem selected and the kind of data required for the solution of it. But, the method selected should be suitable for the problem under investigation and well understood by the researcher.

Method

The researcher used the Descriptive Survey method in this study. This method is concerned with the present attempts to determine the status of the phenomena under investigation. The term status and survey suggest the gathering of evidence relating to current conditions. Survey research is a method for collecting and analyzing data, obtained from large number of respondents representing a specific population collected through highly structured and detailed questionnaires or interviews. It goes beyond more gathering and tabulating of data. It involves interpretation, comparison, measurement, classification, evaluation and generalization all directed towards a proper understanding and solution of significant educational problems.

Sample

Reliable results can be expected only from good sample. In order to be able to generalize the conclusions, a large and a representative sample is a pre-requisite. Random sampling used in this study. For it, the researcher has been selected randomly a sample of 100 secondary teachers i.e. 50 male and 50 female secondary teachers from Rewari (Haryana). Layout of Sample is as under:



Tool Used

P.V.Q. (Personal Value Questionnaire) prepared by Dr. (Mrs.) G.P.Sherry and Prof. R.P. Verma, was used to evaluate the personal values of secondary teachers.

ANALYSIS AND INTERPRETATION OF DATA

Analysis of data means studying the tabulate material in order to determine inherent factors or meaning. It involves breaking down existing complex factors into simple parts and putting the parts together in new arrangement for the purpose of interpretation. Interpretation calls for a critical examination of the result of one's gathering. To find out the typical performance on each personal value, the researcher calculated Mean, Standard Deviation and applied t-test for measuring the significance of difference.

Table 1, Mean, S.D. and Rank of Male Secondary Teachers

VALUES	MEAN	S.D.	RANK
Religious	5.76	1.35	IV
Social	2.40	1.37	X
Democratic	5.24	1.62	V
Aesthetic	6.46	1.00	III
Economic	5.06	2.82	VI
Knowledge	3.80	2.56	IX
Hedonistic	4.96	3.12	VII
Power	7.56	5.76	I
Family Prestige	4.60	3.66	VIII
Health	6.48	2.41	II

Table 1 indicates that the highest rank has been achieved by the power value. It shows that male secondary teachers possess characteristics of ruling others and leading others too. They prefer a job where they get opportunity to exercise authority over others. They do not want to busy themselves in social services as they scored lowest at social value.

Table 2, Mean, S.D. and Rank of Female Secondary Teachers

VALUES	MEAN	S.D.	RANK
Religious	3.78	1.11	X
Social	5.70	2.19	V
Democratic	6.84	2.21	II
Aesthetic	5.94	3.17	IV
Economic	4.94	2.02	VII
Knowledge	4.76	2.98	VIII
Hedonistic	8.50	2.57	I
Power	3.82	2.27	IX
Family Prestige	4.98	2.46	VI
Health	5.98	2.69	III

Table 2 shows the result of Female secondary teachers. It indicates that female secondary teachers scored highest at hedonistic value. It shows that they have desire for pleasure and avoidance of pain. They give more importance to present than future. They indulge in the pleasures of senses and avoid pain. They do not feel pleasure in going on pilgrimage and do not have faith in God and religious leaders, as they scored lowest at religious value.

Table 3

Values	Male Secondary Teachers		Female Secondary Teachers		t-value	Level of Significance
	Mean	S.D.	Mean	S.D.		
Religious	5.76	1.35	3.78	1.11	8.25	0.01
Social	2.40	1.37	5.70	2.19	9.16	0.01
Democratic	5.24	1.62	6.84	2.21	4.21	0.01
Aesthetic	6.46	1.0	5.94	3.17	1.10	N.S.
Economic	5.06	2.82	4.94	2.02	0.25	N.S.
Knowledge	3.80	2.56	4.76	2.98	1.74	N.S.
Hedonistic	4.96	3.12	8.50	2.57	6.32	0.01
Power	7.56	5.76	3.82	2.27	4.29	0.01
Family Prestige	4.60	3.66	4.98	2.46	0.62	N.S.
Health	6.48	2.41	5.98	2.69	1.0	N.S.

Table 3 indicates that male secondary teachers have more religious, aesthetic, economic, power and health value than female secondary teachers. While female secondary teachers have more

social, democratic, knowledge, hedonistic and family-prestige value as compared to male secondary teachers. There is significant difference between the personal values of male and female secondary teachers at religious value, social value, democratic value, hedonistic and power value. So, null hypothesis is rejected.

FINDINGS

Personal Values of Male Secondary Teachers

Male secondary teachers have highest rank of power value and lowest rank at social value. It means they have desirability of ruling others. The lowest rank at social value shows that they have less charity, kindness, love and sympathy. The hierarchical order of their personal values is power value, health value ,aesthetic value, religious value, democratic value, economical value, hedonistic value, family prestige value, knowledge value and social value.

Personal Values of Female Secondary Teachers

Female secondary teachers have highest rank at hedonistic value and lowest rank at religious value. It indicates that they have desire of pleasure and avoidance of pain. They give more importance to present than future. They indulge in pleasures of senses. The lowest rank indicates that they do not have faith in God and religious leaders. The hierarchical order of their personal values is hedonistic value, democratic value, health value, aesthetic value, social value, family-prestige value, economic value, knowledge value, power value and religious value.

Comparison of Personal Values of Male and Female Secondary Teachers

It has been found that male secondary teachers have more religious, aesthetic, economic, power and health value than female secondary teachers. While female secondary teachers have more social, democratic, knowledge, hedonistic and family-prestige value as compared to male secondary teachers. There is significant difference between the personal values of male and female secondary teachers at religious value, social value, democratic value, hedonistic and power value.

CONCLUSION

It is concluded that male secondary teachers possess characteristics of ruling others and leading others. They prefer to rule in a small place rather than serve in a wide place. They are least social, while female secondary teachers give more importance to present than future. They do not have fear of divine wrath and ethics. They indulge in pleasure of senses. It is also concluded that male secondary teachers have more religious, aesthetic, economic, power and health value than female secondary teachers while, female secondary teachers have more social, democratic, knowledge, hedonistic and family prestige value as compared to male secondary teachers. There is significant difference between the personal values of male and female secondary teachers at religious value, social value, democratic value, hedonistic and power value.

SUGGESTIONS FOR FURTHER RESEARCH

Seeing the present needs, the researcher feels to suggest the following studies to be undertaken by the next researchers:

1. Similar study can be made for a much larger population to get more generalized conclusions.
2. The study can be conducted on the teachers belonging to rural and urban area.
3. Similar study can be conducted by using some other tool.
4. The study can be conducted further on teachers of government and private schools.
5. The study can be conducted on primary teachers.

EDUCATIONAL IMPLICATIONS

The result of the study can be usefully employed in educational situation. It has following implications for the teachers and students as under:

1. The study will prove helpful to know the personal values of teachers. A teacher with knowledge of personal values can inculcate and develop good values in students.
2. The study will change the general opinion of the people towards secondary teachers
3. The study will also change the opinion of the general people, who think females are not for job.
4. It will also prove helpful in the selection of the teachers on the basis of personal values.
5. It will also prove helpful in the assignment of various duties at school.

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Affiliation or Power: What Motivates Behavior on Social Networking Sites? And Role of Self-Consciousness on Behavior on Social Networking Sites

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ABSTRACT

The present study investigated the relationship between explicit and implicit measures of affiliation, power, and achievement motives and behavior as related to social networking sites (SNS) in a sample of 40 participants. SNS appear to be designed to enable social connection via the Internet, so the potential for influence of the affiliation motive seemed self- evident. Additionally, we hypothesized that the power motive drives certain aspects of SNS behavior such that individuals with a high power motive have a larger number of friends and upload more pictures. The results of regression analyses showed that the explicit affiliation motive and the explicit power motive were related to different outcome of SNS activity. Specifically, the explicit power motive predicted number of friends and number of uploaded pictures, whereas time spent on SNS per day was predicted by the explicit affiliation motive. Only weak evidence was found for an influence of implicit motives on SNS activity.

Keywords: *Social Networking, SNS Activity, Behavior, Power*

Social Networking: Social networking is the use of internet-based social media programs to make connections with friends, family, classmates, customers and clients. Social networking can be done for social purposes, business purposes or both. The programs show the associations between individuals and facilitate the acquisition of new contacts. Examples of social networking have included Facebook, Twitter, LinkedIn, Classmates.com and Yelp.

Self- consciousness: Self-conscious really means self-aware. Self-consciousness is a healthy part of being human, even when it is slightly discomforting. But when it is excessive, it can interfere with a person's quality of life. When most people talk about "feeling self-conscious", they mean that they are extremely conscious of a flaw or shortcoming they believe they have. Excessive self-consciousness can prevent a person from being able to form relationships. It can cause shyness, isolation, and depression in severe cases. Adolescence is often a time of extreme self-

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consciousness, because teenagers and young adults are developing their personalities and figuring out their place in the world.

There are basically two forms of self-consciousness: private self consciousness and public self consciousness.

Private self- consciousness: Private self- consciousness is the tendency to focus on oneself from a personal vantage point and attend to aspects of the self that are not readily apparent to others, such as one's thoughts and feelings.

Public self-consciousness: Public self-consciousness is the tendency to focus on oneself from the perceived vantage point to real or imagined others and to attend to aspects of the self that are observable by others, such as facets of one's appearance and behavior.

McClelland's needs theory of power and affiliation:

David McClelland and his associates proposed McClelland's theory of Needs / Achievement Motivation Theory. This theory states that human behavior is affected by three needs - Need for Power, Achievement and Affiliation.

Need for achievement is the urge to excel, to accomplish in relation to a set of standards, to struggle to achieve success.

Need for power is the desire to influence other individual's behavior as per your wish. In other words, it is the desire to have control over and to be influential.

Need for affiliation is a need for open and sociable interpersonal relationships. In other words, it is a desire for relationship based on co-operation and mutual understanding.

The individuals with high achievement needs are highly motivated by competing and challenging work. They look for promotional opportunities in job. They have a strong urge for feedback on their achievement. Such individuals try to get satisfaction in performing things better. High achievement is directly related to high performance. Individuals who are better and above average performers are highly motivated. They assume responsibility for solving the problems at work. McClelland called such individuals as gamblers as they set challenging targets for themselves and they take deliberate risk to achieve those set targets. Such individuals look for innovative ways of performing job. They perceive achievement of goals as a reward, and value it more than a financial reward.

The individuals who are **motivated by power** have a strong urge to be influential and controlling. They want that their views and ideas should dominate and thus, they want to lead. Such individuals are motivated by the need for reputation and self-esteem. Individuals with greater power and authority will perform better than those possessing less power. Generally, managers with high need for power turn out to be more efficient and successful managers. They are more determined and loyal to the organization they work for. Need for power should not

always be taken negatively. It can be viewed as the need to have a positive effect on the organization and to support the organization in achieving it's goals. The individuals who are **motivated by affiliation** have an urge for a friendly and supportive environment. Such individuals are effective performers in a team. These people want to be liked by others. The manager's ability to make decisions is hampered if they have a high affiliation need as they prefer to be accepted and liked by others, and this weakens their objectivity. Individuals having high affiliation needs prefer working in an environment providing greater personal interaction. Such people have a need to be on the good books of all. They generally cannot be good leaders.
Ideal self: According to the humanistic psychologist Carl Rogers, the personality is composed of the real Self and the Ideal self. Our real self is "who we are" and our ideal self is "what we want to be".

The ideal self is an idealized version of ourselves created out of what we have learnt from our life experiences, the demands of society, and what we admire in our role models.
Real Self: The real self is the individual's bodily self (and whatever lies behind the body). The bodily self is seldom perfect and therefore is seldom satisfactory to its owner.
Virtual Self: Virtual reality is an artificial environment which is experienced through sensory stimuli (as sights and sounds) provided by a computer and in which one's actions partially determine what happens in the environment. Also virtual reality means the technology used to create or access a virtual reality.

REVIEW OF LITERATURE

Previous studies have provided the first empirical data regarding the specific motivations to which people attribute their online activity (e.g., Joinson, 2008; Sheldon, 2008). Proponents of the uses and gratifications approach (Katz, Gurevitch, & Haas, 1973) assume that users select media on the basis of their capacity to satisfy their needs; this approach has provided the theoretical framework for several research studies on SNS usage (e.g., Baek, Holton, Harp, & Yaschur, 2011; Bumgarner, 2007; Chung, Koo, & Park, 2012; Kim, Kim, & Nam, 2010; Papacharissi& Mendelson, 2011; Raacke & Bonds-Raacke, 2008; Urista, Dong, & Day, 2009). For example, Papacharissi and Mendelson (2011) identified nine motives for Facebook use: expressive information sharing, habitual passing time, relaxing entertainment, cool and new trend, companionship, professional advancement, escape, social interaction, and new friendships. Smock, Ellison, Lampe, and Wohn (2011) found that different patterns of motivations (e.g., relaxing entertainment, expressive information sharing, social interaction) predicted different usage of Facebook features such as chat, groups, or wall posts. Lin and Lu (2011) found that different patterns of motivations (e.g., relaxing entertainment, expressive information sharing, social interaction) predicted different usage of Facebook features such as chat, groups, or wall posts. Lin and Lu (2011) found that network externalities, usefulness, and enjoyment are associated with the continued use of SNS, thus reverting to the theory of extrinsic and intrinsic motivation. Other studies found that the need to belong was positively associated with attitudes

toward SNS and willingness to join SNS (Gangadharbatla, 2008), and that the need for popularity predicted disclosure of personal information (Christofides, Muise, & Desmarais, 2009). In a similar vein, a recent meta-analysis suggested that the "most common internal motivation discussed in the literature was users' desire to keep in touch with friends" (Wilson, Gosling, & Graham, 2012, p. 209). Although the latter finding reflects a view of SNS behavior as generally being affiliatively motivated, surprisingly little is known about the role that general and well validated Motives such as the affiliation motive play in SNS activity. The investigation of the relationships between social motives and different aspects of SNS behavior goes beyond studies that formulated "social interaction" as Motivation to use SNS because "social interaction" can be Affiliative and power-motivated. McClelland coined the term "big three" to refer to three extensively researched stable motives that account for many facets of human behavior: the motives for affiliation, power, and achievement (Langan-Fox & Grant, 2006; McClelland, 1985b). People scoring high on the affiliation motive generally like being with their friends or others, readily accept others, try hard to form friendships, and maintain contact with others (Smith, 2008; Stumpf, Angleitner, Wieck, Jackson, & Beloch-Till, 1985). Highly power-motivated people exert a high level of effort to keep their (social) surroundings under control, manipulate others, are emphatic in their views, and like to be considered leaders (Smith, 2008; Stumpf et al., 1985). People with a high achievement motive strive to solve challenging tasks, set high standards for themselves, and are predisposed to working on long-term objectives (Stumpf et al., 1985). McClelland, Koestner, and Weinberger (1989) proposed two independent motivational systems: the directly measured "conscious" explicit motives (self-report) and the indirectly measured "unconscious" implicit motives (thematic content analysis of written stories). Evidence supports the independence of these two sets of motives in that implicit and explicit motives are not correlated (e.g., Spangler, 1992). Implicit motives predict operant behavior, which is spontaneous and has no objective external trigger (McClelland et al., 1989), whereas explicit motives predict respondent (stimulus-driven) behavior, which is an intentionally controlled reaction to an objective external stimulus (Biernat, 1989; Spangler, 1992). In a study by Constantian, the implicit affiliation motive was associated with the time spent with others when beeped by a pager, whereas the explicit affiliation motive was associated with the self-reported preference for social activities but not with the behavioral affiliation measure (see McClelland, 1985a). Additionally, fear of rejection was formulated as a facet of the implicit affiliation motive (e.g., Schultheiss & Hale, 2007), whereas there is no such evidence for the explicit affiliation motive. The assignment of operant and respondent behavioral aspects should also be translatable to SNS behavior. For example, spending time on SNS as a spontaneous and intrinsically motivated behavior should be more operant, whereas adding a friend as a controlled response to an external stimulus should be a more respondent behavior. Certainly, this distinction is rather simplistic as most behaviors should not be viewed as either operant or respondent, but probably entail portions of both.

We propose that both the affiliation motive and the power motive are associated with different markers of SNS behavior. We chose four SNS-related behavior variables (i.e., number of friends, number of uploaded pictures, frequency of posting messages, and time spent on SNS) that have been assessed by others as well (e.g., number of friends and time spent on SNS using the Facebook Intensity Scale; Ellison more popular with others.") and resembles the power motive, predicted information disclosure on Facebook.

METHODS

Objective: To examine if there is a relationship between social networking activity and self-consciousness, power and affiliation respectively.

Hypothesis:

1. 1.There is a positive correlation between public self consciousness and social networking activity.
2. Participants having greater power/affiliation motive will devote in higher social networking activity.

Sample: The sample in the study consisted of 40 young adults falling in the age group of 18-25 years of age.

Materials: McClelland's Need Assessment Questionnaire was used for assessing the affiliation and power needs of the participants. Scheier, M.F; & Carver, C.S. scale was used to assess the public and private self-consciousness of the participants. And then by taking the ideas of all the group members, a questionnaire was formed to assess the social networking behavior of the participants.

Design & Procedure: The participants were asked to fill up the three set of questionnaires and they were given as much as time as they required to complete the questionnaire.

RESULTS

The raw score for public self consciousness and social networking sites behavior is found to be 0.35. The p- value of the two- tailed test was found to be 0.0268 which is statistically significant. This implies that there is a direct correlation between public self consciousness and social networking sites behavior.

The raw score for private self consciousness and social networking sites behavior is found to be -0.109. The p- value of the two- tailed test was found to be 0.5032 which is negatively correlated. This shows that there is an inverse relationship between private self consciousness and social networking sites behavior and it is statistically insignificant.

The raw score for public self consciousness and social networking sites behavior is found to be 0.043. The p- value of the two- tailed test was found to be 0.7922 which is statistically insignificant. This implies that there is a minor positive correlation between power and social networking sites behavior.

The raw score for affiliation and social networking sites behavior is found to be 0.197. The p-value of the two- tailed test was found to be 0.2219 which is statistically insignificant. This shows that the correlation is due to chance factors.

INTERPRETATION AND DISCUSSION

Externally visible aspects of SNS behavior, including number of friends and posted pictures, were related to the power motive, but time invested in SNS activity, a non-visible aspect of SNS behavior, was related to the affiliation motive. Overall, these findings are in line with our hypotheses regarding the important role of the power motive in SNS behavior. The power motive predicted the number of friends on SNS, supporting the assumption that a disproportionately high number of "friends" might serve the need to impress and influence others more than actual affiliative needs. The same was true for the number of uploaded pictures, suggesting that such pictures are motivated by the desire to gain reputation and to impress others. The number of pictures, however, was also marginally positively related to the explicit affiliation motive. Uploading pictures – especially pictures showing activities with others – may be a convenient way to maintain and strengthen meaningful relationships with others. We can only speculate about this, as we did not investigate what kinds of pictures were posted. It seems plausible, however, that different types of pictures (e.g., self-portrayals or pictures with friends and social activities) are differentially related to different motives. A more fine-grained content analysis of types of picture or other SNS features such as the content of posted messages in relationship to different motives may be an interesting venue for future research. There was a positive correlation between need for affiliation and time spent on SNS per day. But it was statistically insignificant. Hence, correlation occurred due to chance factors. There was only significant relationship between public self –consciousness and social networking sites behavior and this means that there is direct correlation between the two. Previous researchers have suggested that the implicit affiliation motive might be negatively motivated and reflect the fear of being rejected (see McAdams & Constantian, 1983; Schultheiss & Hale, 2007).

STRENGTHS OF THE STUDY

Our results provide insight into the motivational background of important and frequently used features of SNS behavior (i.e., friends, pictures, and messages). By investigating the relationship between social motives and SNS behavior, we have contributed information to the phenomenon of the (still growing) influence of SNS on the daily life of the population worldwide. The study is generative because it connects the traditional concept of motives to a novel form of communication.

LIMITATION OF THE STUDY

A limitation was that the number of participants was rather small due to time constrain. Our sample was characterized by unequal gender different.

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Self Regulation in Working Women: Cognitive Interference and Problem Solving

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ABSTRACT

The understanding of dynamics of self regulation in working women who on one hand are always under divergent pressures of performances and meet diverse kind of expectations on the other hand show relatively better volitional controls over their behavior, becomes important. This study examined the links between self regulation and cognitive functions in a sample of 318 working women. Cognitive functions were assessed through problem solving and cognitive interference. Results indicated that there is highly positive and significant association between self regulation and problem solving capacity (P< .01) and the capacity to handle cognitive interference (P< .01). Additional analysis demonstrated that women with sharp cognitive functions were high on self regulation as compared to women with disrupted cognitive functions.

Keywords: *Self regulation, Cognitive interference, Problem solving, working women.*

Self- regulation refers to individual's ability to set goals**,** planning activities, monitoring progress, controlling, and regulating their own cognitive activities and actual behaviour (Pintrich et al, 1993). Self-regulation is a broad concept. It includes both affective capacities – moods, feelings and emotions and cognitive capacities – beliefs, perceptions and knowledge. Learning and attainment are best understood when we acknowledge the interactions between affective and cognitive processes. Self-regulation also includes meta-cognitive skills – that is, understanding one's own cognitive skills, including memory, attention and problem solving. This enables an individual to make the best use of their knowledge and skills (Pressley, 1995).

In any domain of psychological functioning of the individual three interrelated components viz performance, knowledge acquisition and executive meta-components are largely influenced by cognitive functions. Cognitive skills are abilities that are used to learn, understand and integrate information in a meaningful way. Information that is learned cognitively is understood, not just memorized. There are many types of cognitive skill, and each requires specific set of skills.

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Some examples of cognitive skills include memory, attention, perception and a wider category known as executive skills. Each of these skills can be further divided into specific mental operations that can be used in different situations. Cognitive skills are primarily employed to solve problems, perceive the world in a way that makes sense, and to learn new skills and information.

Researchers suggest that the acquisition of cognitive skill is affected not only by the quantity but by the quality of self-explanations given by the individual. The studies have found that while studying instructional materials particular characteristics of the self-explanations made by students correlated with the students' subsequent problem-solving ability. The high-performance students were found to use self-regulation strategies in constructing their explanations. When high performers studied the examples in the instruction, they typically connected example features to concepts that had been introduced in the text. (Chi, Bassok, Lewis, Reimann, & Glaser, 1989;Pirolli & Bielaczyc, 1989; Pirolli & Recker, 1994; Duncan *et al*., 2007; Efklides *et al*., 1999; McClelland *et al*., 2000).)

Sanz be Acedo & Iriarte, 2001, assessed the effects of the administration of package of activities, known as portfolio, on adolescents' cognitive functioning and self regulation of learning. Statistically significant differences were observed between the experimental and the control groups on measures of general intelligence, cognitive flexibility, metacognitive strategies ($P<.01$) Statistically significant gains were observed for the experimental group on measures of decision making problem solving and self regulation.

Sewell et.al, 1983, examined the relationships among self-regulatory behaviors, perceptions of social reinforcement from significant persons, and the problem-solving performance of black adolescents. The components of self-regulatory processes i.e self-reinforcement, self-evaluation and self-monitoring are highly interrelated. Subject's perception of neither positive nor negative social reinforcement was significantly related to problem-solving performance.

Thiede 1999, suggests that accuracy of metacognitive monitoring and self-regulation of study will affect test performance. He examined the relation between these variables in a multi-trial learning task. Regression analyses showed that monitoring accuracy and self-regulation were significantly related to test performance-greater monitoring accuracy and more effective self-regulation were associated with greater test performance.

Lazakidou,G. et.al, 2007, found that medium solvers group performed better than expert group in cooperative environments as compare to traditional. Moreover, findings advocate that learning environments which provide peer modeling may contribute to the development of self-regulatory skills in medium problem solvers.

Pressley and McCormick (1995) have emphasized the role of self regulation in the problem solving of experts. Despite receiving high-quality formal trainings from other, experts had to become ultimately their own teachers in order to succeed. They had to learn to keep themselves on task and to guide their thinking through regulation of complex sequences of procedure that are combined and coordinated with prior knowledge. When prior knowledge did not fit into the current situation, experts made self regulatory adjustments that produced new knowledge, which was then available for future purposes. "Self-regulated thinking builds on itself with the self-regulated thinker always becoming a better thinker." (Pressley & McCormick, 1995).

Compton et. al (2011) in his study, tested the hypothesis that individual differences in cognitive control can predict individual differences in emotion regulation. Depression levels predicted daily affect and coping independent of cognitive control variables. The results support for an integrated conception of cognitive and emotional self-regulation.

Hypotheses

Women with sharp Cognitive Functions would be high on Self Regulation as compared to women with disrupted Cognitive Functions

METHOD:

Sample of the present study comprised of 318 married and working women, their age ranging between 30 to 45 yrs. All the subjects were working in different professions viz Schools, Colleges, Banks, Research, Consultancy Services, telecommunication, and IT Sector.

The selection of the sample was incidental as only those subjects were taken who gave their consent participation in the study and who had been in the job for at least 5 years or more.

Tools used are -

1. The Problem Solving Inventory (Heppner, 1988)
2. The stroop neuropsychological screening test (Trenery, Crosson, Deboe, Leber, 1989)
3. The Self Regulation Questionnaire (Brown, Miller & Lawendowski, 1999)

Statistical Analyses

Data obtained for present study pertaining to variables of self regulation, and cognitive functions was statistical analyzed and Means, Standard Deviations, t –test and Pearson's product moment correlation were applied to test the hypotheses

RESULTS & DISCUSSION

Sr. No	Variables	Mean	Std. Deviation
1	REC	32.54	4.93
2	EVA	28.65	3.62
3	TRI	29.57	3.94
4	SEA	32.94	4.7
5	FOR	30.03	4.51
6	IMP	30.72	4.76
7	ASS	31.1	4.21
8	SRQ_Total	215.55	21.91
9	CON	29.1	7.83
10	AA	45.48	8.51
11	PC	16.39	4.52
12	Prsl_Total	90.97	17.16
13	SC_W	98.78	11.25

The means for (various)indices of self regulation namely Receiving (REC), Evaluating (EVA), Triggering (TRI), Searching (SEA), Formulating (For), Implementing (IMP), Assessing (ASS) and Total score for Self Regulation Questionnaire are 32.54, 28.65, 29.57, 32.94, 30.03, 30.72, 30.10 and 215.55 and standard deviation for these indices are 4.92, 3.62, 3.94, 4.69, 4.50, 4.76, 4.21 and 21.91 respectively.

For problem solving, the means and SD's for Problem solving confidence (CON) are 29.10 and 7.83, for Approach Avoidance Style (AA) 45.48 & 8.51, for Personal Control (PC) 16.39 & 4.52, and for Problem solving Total 90.97 & 17.16 respectively. Mean value of Stroop effect (SC_W) is 98.75 and SD is 11.25.

women with sharp cognitive functions would be high on self regulation as compared to women with disrupted cognitive functions, two groups of subjects with sharp cognitive functions (n =36) and disrupted cognitive functions (n =46) were selected. Criteria for selecting sharp cognitive functions subjects used was their low score on problem solving ability (X- $^1/_2$ SD, 82.5) and low score on stroop test (score of 98 and below the cut off used as per manual). For disrupted cognitive functions, selection criteria was high score on problem solving (i.e. M+ $^1/_2$ SD i.e.98.5) and high score in stroop test (score of 99 and above as per normal). The means, standard deviation and t-ratio are shown in table:

Table showing Comparison of individuals with sharp and disrupted cognitive functioning on Self Regulation.

Variables	Cognitive Functioning				t-ratios
	Sharp(n=36)		Disrupted(n=46)		
	Means	SD	Means	SD	
REC	34.69	4.30	30.57	4.88	4.00**
EVA	28.72	3.11	28.17	4.05	0.67
TRI	31.42	3.30	29.09	3.86	2.89**
SEA	35.03	3.83	31.48	4.19	3.95**
FOR	32.47	4.83	27.50	3.18	5.60**
IMP	33.58	3.98	28.22	3.88	6.15**
ASS	32.94	3.73	30.48	4.12	2.80**
Total SR	228.86	19.14	205.50	18.91	5.52**

***Significant at .01 level*

t-ratio for the composite index of self regulation was found to be 5.52 which is significant at .01 level. Except for evaluation subscale of self regulation questionnaire, t-ratio for all the other subscale (viz receiving, 4.0, triggering, 2.89, searching, 3.95, formulating, 5.60, Implementing, 6.15, and assessing, 2.80.) are significant at .01 level.

Mean scores of self regulation for subjects with sharp and disrupted cognitive functions clearly reveal the superior self regulation capacity of those who showed better cognitive functioning in terms of their ability to solve problems, lesser cognitive interference while performing cognitive actives. Those subjects who had relatively poor cognitive functioning were found to have relatively lower degree of self regulation capacity. Results are in line with the statement of Sanz de Acedo & Iriarte, 2001; Compton, 2011 & Pressley & McCormick 1995, that higher the self regulation, better the problem solving ability and lesser the cognitive interference.

Construct of self regulation involves better information input, its effective use than self evaluation & choosing better alternative then their implementation and outcome evaluation. All these attributes when in operation do favor effective performance tasks which require the use of cognitive skills.

As the direction of scoring of tests of problem solving (PSI) and cognitive interference (stroop) are in the reverse direction, negative value of coefficient of correlation is indicative of positive association.

	REC	EVA	TRI	SEA	FOR	IMP	ASS	Total SRQ	Prsl_CON	Prsl_AA	Prsl_PC	Total PrSl	SC_W
REC	1.00												
EVA	0.32	1.00											
TRI	0.48	0.15	1.00										
SEA	0.65	0.30	0.52	1.00									
FOR	0.58	0.22	0.36	0.47	1.00								
IMP	0.65	0.13	0.36	0.54	0.55	1.00							
ASS	0.51	0.35	0.33	0.51	0.25	0.40	1.00						
Total SRQ	0.86	0.47	0.64	0.82	0.71	0.76	0.67	1.00					
Prsl_CON	-0.36	-0.17	-0.28	-0.40	-0.28	-0.34	-0.34	-0.44	1.00				
Prsl_AA	-0.44	-0.20	-0.39	-0.44	-0.34	-0.38	-0.34	-0.52	0.68	1.00			
Prsl_PC	-0.30	-0.04	-0.14	-0.23	-0.34	-0.32	-0.19	-0.32	0.29	0.37	1.00		
Total PrSl	-0.46	-0.19	-0.36	-0.46	-0.39	-0.43	-0.38	-0.54	0.87	0.91	0.58	1.00	
SC_W	-0.40	-0.16	-0.32	-0.41	-0.35	-0.39	-0.33	-0.48	0.84	0.88	0.58	0.97	1.00

Abbreviations

REC	Receiving	Total SRQ	Self Regulation Questionnaire
EVA	Evaluating	Prsl_CON	Problem Solving Confidence
TRI	Triggering	Prsl_AA	Approach Avoidance Style
SEA	Searching	Prsl_PC	Personal Control
FOR	Formulating	Total PrSl	Total Problem Solving
IMP	Implementing	SC_W	Stroop color-word test
ASS	Assessing		

Value of coefficient of correlation between composite indices of self regulation and measures of problem solving and cognitive interference for total group (n=318) were -.54 (P<.01), -.48 (p<.01) respectively.

The correlational values indicate that there is a high positive and significant Correlation between self regulation and problem solving capacity (r = -.54, P< .01) and the capacity to handle cognitive interference (r = -.48, P< .01). Overall picture emerged from correlation matrics reveals there is a positive and highly significant correlation between self regulation and cognitive functions i.e. the higher the self regulation capacity, the sharper the two components of cognitive functioning. Similar findings reported by Lazakidou,G. et al, 2007, Thiede 1999 & Compton 2011.

Baumeister, Dewall, Ciarocco, & Twenge, J.M. (2005) looked at any cognitive impairment as a result of self regulation deficits. Pintrich, & Garcia, 1999 reported that mastery goal orientation is positively related to cognitive strategies. In this sense close association between self regulation and cognitive functions tend to go hand in glove which is established by the present results.

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Cinderella Complex: Theoretical Roots to Psychological Dependency Syndrome in Women

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ABSTRACT

Women's dependency has been a widely debated topic around the world. Back in the 60s-80s, women were limited to their household chores, child rearing practices and were financially dependent on men, and the concept of women dependency on men was phenomenological and acceptable. But when 90s arrived with the drive of women empowerment; women education flourished, they became financially independent and balanced work and personal lives. The concept of women dependency then started confusion and displease among the "new independent women". This theoretical article aims to elaborate on the concept of women dependence and its background. Cinderella Complex is a psychological syndrome that states women are unconsciously driven to be dependent on a dominant figure (preferably male). Relational Theory in relation to Cinderella complex marks distinction in emotional development of men and women. It states that women are primarily driven to connect with others.

Keywords: *Women, Dependency, Cinderella Complex, Relational Theory, Psychology, Syndrome.*

Traditionally, women have not been expected to confront fear and go beyond it. They have been encouraged to avoid what scares them, taught, from the time they were very young, to do only those things that allow them to feel comfortable and secure. In fact women were not trained for freedom at all, they were trained for dependency. Up to a point, dependency needs are quite normal, for men as well as for women. But women have been encouraged since they were children to be dependent; this kind of dependence upbringing is now seen as psychologically unhealthy by the contemporary society. Any woman who looks within knows that she was never trained to feel comfortable with the idea of taking care of herself, standing up for herself, asserting herself. At best she may have played the game of independence, inwardly envying the boys (and later the men) because they seemed so naturally self-sufficient.

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Males are educated for independence from the day they're born. Females are taught that they have an option-that someday, in some way, they are going to be rescued from independent living. Women may venture out on their own for a while; they may go away to school, work, and travel; may even make good money, but underneath there is insecurity towards independence. “Only hang on long enough, the childhood story goes, and someday someone will come along to rescue you from the anxiety of authentic living.” (Colette Dowling,1981)

Concept

Cinderella Complex (also known as the *Cinderella syndrome),* was first coined by New York therapist Colette Dowling in the early 80s. Basically, it is a complex (or syndrome) that leads women to believe that they are ‘damsels in distress’ in need of rescuing from a male suitor. Women wait for a “man” to come and take over control of their lives, so that they can live happily and content with standing behind their men. Cinderella Complex is the largely repressed attitudes and fears that keep women from the full use of their minds and creativity forcing them to wait for something or someone external to transform their lives.

“Cinderella Complex” finds its name from the fairy tale princess Cinderella, waiting for her prince charming to rescue her from the evil stepmother and stepsisters. Most modern adaptations of fairy tales, as well as original versions, place gender expectations on women. Perrault's Cinderella provides an example of how the heroine of the story must be "rescued" by a man of princely matter and helped by outwardly forces to achieve recognition and respect. Cinderella does not bear grudges against her oppressors, the stepsisters and stepmother; she is civil and kindhearted. Through this plot, a woman is told that in order to overcome such oppression, one must be patient and virtuous and wait for the day the reward to such endurance arrives in the form of a man. Thus, young women are trained into dependency. Its story revolves around the assumption that women should be "beautiful, polite, graceful, industrious, obedient, and passive". Cinderella operates as a patriarchal instrument, producing and nurturing a psychological dependence in women. The qualities of feminine beauty and virtue are always related with that of conscience. For a woman to be virtuous, she must be beautiful, obedient, patient, sacrificial, and sexually innocent. When a woman lacks any of these feminine qualities, she feels guilty. Dependence therefore becomes a source of freedom from perceived hardship. Instead of becoming independent, women rely on a man as a source of protection, identity, and proof of love.

In Cinderella, the prince validates the womanly qualities through admiration. Her insecurities and hardships vanish at the site of her prince. With the Cinderella complex internalized so deeply in their minds, these females believe that their submissiveness and obedience to the wills of others will help them win a "prince" with whom they would live happily ever after. Therefore, instead of acting out their own potential, they look for a man to lean on and something external to give their lives meaning. They see themselves as princesses waiting for a prince to come to their rescue.

Symptoms of Cinderella Complex

Most doctors believe that women who suffer from this complex usually have other deep-seated emotional problems such as low self-esteem and dependency issues. Some women who suffer from the Cinderella complex are unable to accept the men in their lives in a healthy way. Rather than seeing them as normally flawed individuals, they often idolize them. This type of idolization often leads to expectations that are unrealistic and impossible to meet. A woman with these unrealistic expectations may become emotionally wounded by behaviors. For women who suffer from Cinderella type complexes, dependency and low self-esteem seem to be the root causes of the problem. Most psychologists believe that in many cases dependency issues may result from extremely over-protective parenting. In fact, these parents may have escalated normal protective behavior into abusive controlling, in some cases even punishing the child for displaying signs of independence. It is also considered likely that women who suffer this complex were humiliated socially during their formative years, which is often the cause of low self-esteem.

These women do not believe that they have any worth outside that which their Prince has given them. Victims of the Cinderella Complex will always wait to be rescued from life by their prince, no one else will do. They need that male figure to do everything for them; they need his care, no matter what price they wind up paying for it. They will stay in an abusive relationship that fosters this ideal, because they cannot be on their own, and fear any change that will take them away from their prince. According to Dowling, psychological effects of Cinderella Complex are lack of self esteem, lack of confidence, anxiety and inability to function in the work place.

Relational Theory: A Theoretical Explanation to Dependency

Over the past three decades, there has been a recognition and acknowledgement of the differences between women and men. One difference is the way in which men and women develop psychologically. Jean Baker Miller posed the question of how women develop in her 1976 book, Toward a New Psychology of Women. Until then, traditional theories of psychology described development as a climb from childlike dependence to mature independence. A person's goal, according to these theories, was to become a self-sufficient, clearly differentiated, autonomous self. A person would spend his or her life separating and individuating until he or she reached maturity, at which point the person was equipped for intimacy.

Miller challenged the assumption that separation was the route to maturity. She suggested that those theories might be describing men's experience, while a woman's path to maturity was different. A woman's primary motivation, said Miller, is to build a sense of connection with others. Women develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is the guiding principle of growth for women.

Previously, theoreticians had treated women's emphasis on connection as a sign of deficiency. Working at the same time as Miller, Carol Gilligan, a developmental psychologist, was gathering

empirical data that reflected fundamental gender differences in the psychological and moral development of women and men (Gilligan, 1982). In her book, In a Different Voice: Psychological Theory and Women's Development, Carol Gilligan observed, "The disparity between women's experience and the representation of human development, noted throughout the psychological literature, has generally been seen to signify a problem in women's development. Instead, the failure The Stone Center at Wellesley College was created for the purpose of thinking through the qualities of relationships that foster healthy growth in women (Jordan, 1984, 1985; Jordan & Surrey, 1986; Kaplan, 1984; Surrey, 1985). The basic assumption of the Stone Center model is that "connection" is a basic human need, and that this need is especially strong in women (Jordan, Kaplan, & Miller, 1991). All people need both connection with others and differentiation from others, but females are more attuned to connection while males are more attuned to differentiation. Bylington (1997) explained this connection as follows: Theoretically, girls perceive themselves to be more similar than different to their earliest maternal caretakers, so they do not have to differentiate from their mothers in order to continue to develop their identities. This is in contrast to boys, who must develop an identity that is different from the mother's in order to continue their development. Thus, women's psychological growth and development occur through adding to rather than separating from relationships. Consequently, defining themselves as similar to others through relationships is fundamental to women's identities.

A "connection" in the Stone Center relational model is "an interaction that engenders a sense of being in tune with self and others, of being understood and valued" (Bylington, 1997, p. 35). True connections are mutual, empathic, creative, energy-releasing, and empowering for all participants (Miller, 1986). Such connections are so crucial for women that women's psychological problems can be traced to disconnections or violations within relationships—whether in families, with personal acquaintances, or in society at large.

Growth fostering relationships empower all people involved in them. They are defined by:

1. A sense of zest or well being that comes from connecting with another person;
2. The ability and motivation to take action in the relationship as well as in other situations;
3. Increased knowledge of oneself and the other person;
4. An increased sense of worth;
5. A desire for more connections beyond the particular one.

A Social Experiment

To summarize, both of these well established concepts presume that women dependency is in built, culturally strengthened and emotionally developed in women. This drive to depend on someone, limits the self actualization capacity in women. Women try to mould themselves as a desirable partner for their men. Debate arises when these old theories find their way to this 21st century women. As a part of writing this paper, a small social experiment was conducted; a room full of 100-140 Indian women of various age groups was gathered together. Some of these women were working; some studying and some were housewives. Some of these women were

married and some were single ready to be married. These women were asked about the story of Cinderella. It was observed that each one of them remembered "Cinderella being rescued by Prince Charming" more than Evil Step Family and Fairy God Mother. Then these women were given details about the concept of Cinderella complex in an outline. It was interesting to observe that almost every working and studying women were in denial. They argued that they work and study at their own will and decisions. The housewives of the groups were non-verbally responsive in affirmation to the concept of Cinderella complex. When the working women were explained in detail about Cinderella complex it was found that they started relating to the syndrome. Working women realized their financials are closely guarded and guided by their men, which they are happy and relaxed about. Single women realized they have been reared to make a good wife one day. Housewives realized they have lost themselves to the concept of Cinderella complex.

CONCLUSION

This kind of realization in 21st century women shows the lessened yet strong relevance of dependency in women psyche. It is important to conduct researches on women dependency, as the review found on this dimension is more than 15years old. As a part of targeted research, this concept should be thoroughly researched on Indian population, researches on this syndrome has not been conducted in India as of yet.

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Social Axioms of Young and Old People in India: A Survey Study

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ABSTRACT

Social axioms play a crucial role in the individual's belief and value systems. The major functions of axioms are to enhance the survival and functioning of people in their social environment. Leung and Bond (2004) proposed five dimensions of social axioms as social cynicism, social complexity, reward for application, fate control and religiosity. The present study was designed to examine the social axioms of younger and older people. The study was conducted with 86 participants (N=51 young and N=35 old) age ranged 20-30 and 50-60 years. They were sampled from various areas of Varanasi City. The social axioms survey (Leung, Bond, Carrasquel, Munoz, Hernandez, Murikami, Yamagushi, Biebrauer&Singelis, 2002) was administered to examine the participants. Result showed that older participants significantly higher on social cynicism, reward for application and religiosity than younger participants. With respect to social complexity and fate control, no significant difference was found. The findings suggest that social axioms are important to understand an individual's behaviour in a given society.

Keywords: *Social Cynicism, Social Complexity, Reward For Application, Fate Control And Religiosity*

We, human being, face a myriad of situations every day. Our behaviour is the reflection of these situations. Our behaviours are affected by our thought, rationale, emotion, values and beliefs particularly existing beliefs in the society. These beliefs transmitted from older generation to younger generation through socialisation. Although these beliefs are modified in the context of changing society. These beliefs are cognitive construct that help to understand behavioural differences among people. Katz (1960) define beliefs as the ''description and perception of an object, its characteristics, and its relationship with other objects''. Beliefs are psychological variable help to understand the uniqueness of individual and their relation to the society. Leung, Bond, Carrasquel, Munoz, Hernandez, Murikami, Yamagushi, Biebrauer & Singelis (2002) have proposed the study of general beliefs and developed the Social Axioms Survey (SAS) as a measure of such beliefs. The construct is termed ''social axioms'', defined as ''generalized beliefs about oneself, the social and physical environment, or the spiritual world, and are in the

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form of an assertion about the relationship between two entities or concepts''. These are beliefs held by persons about the world in which they function, and as such constitute personalized measures of the social situation they confront.

Based on multicultural studies in 41 countries, Leung and Bond (2004) have identified five-factor structure of social axioms at the individual level, namely Social Cynicism, Social Complexity, Reward for Application, Religiosity, and Fate Control. Social cynicism refers to a negative view of human nature, a biased view against some groups of people, a mistrust of social institutions, and a disregard of ethical means of achieving an end. Social complexity refers to beliefs that there are no rigid rules but rather multiple ways of achieving a given outcome and that inconsistency in human behavior is common. Reward for Application is a general belief that effort, knowledge, and careful planning will lead to positive results. Religiosity refers to belief in the existence of supernatural forces and the functions of religious belief. Fate Control is a belief that life events are predetermined and that there are some ways to influence these outcomes.

According to Leung et al. (2002), social axioms serve at least four functions: (a) value-expressiveness: presenting one's values, (b) knowledge: helping people understand the world, (c) instrumentality: facilitating attainment of important goals, and (d) ego-defensiveness: protecting self-worth. Social axioms serve as general knowledge about the world, such that they function as governing principles for beliefs in different specific domains. In line with this argument, social axioms predict attitudinal variables in many areas of psychological investigation, such as political attitudes (Keung & Bond, 2002) paranormal beliefs (Singelis, Hubbard, Her, &An, 2003), vocational interests (Bond, Leung, Au, Tong, & Chemonges-Nielson, 2004), and attitudes towards help-seeking (Kuo, Kwantes, Towson, & Nanson, 2006). Importantly, social axioms do have survival utility. A study done by Kurman and Ronen-Eilon (2004) suggested that immigrants adapt better if they have accurate knowledge about social axioms characterizing their host cultures. Thus, social axioms serve as a set of important psychological tools helping individuals to comprehend, relate to, and even maneuver in the social world.

Social axioms also serve as guiding principles steering progress towards the attainment of important goals in life. This belief reflects how a means is related to a specific end and the subjective judgment of the likelihood with which a particular means leads to a particular end in a given situation (Vroom, 1964). Accordingly, different social axioms might pair up a given end with different prescribed means. For example, reward for application defines the contingency between effort invested and reward received, whereas social cynicism defines the contingency between one's social power and probable reward. More specifically, in a conflict situation, reward for application predicts preference for collaborative and compromising strategies to reach a better decision, while social cynicism predicts a competitive orientation, which involves an exercise of power or defense against its probable use by a collaborator (Bond et al., 2004; Chen & Zhang, 2004). Similarly, reward for application predicts preference for using persuasive influence tactics, while social cynicism predicts assertive and relationship-based tactics, which are again exercises in power and status advantage (Fu, Kennedy, Tata, Yukl, Bond, Peng, 2004).

Therefore, social axioms govern choices, their generation and selections, leading to situation ally based goal attainment as selected by the "belief-holder." Social axioms have important implications for our self-worth and subjective well-being. Social axioms define instrumentality of various means to reach a given goal, they should predict how individuals cope with the challenges of life and achieve self-worth and well-being. For example, reward for application predicts the use of a problem-solving coping style, while fate control predicts passive forms of coping, namely wishful thinking and distancing (Bond et al., 2004). Although self-worth and well-being are universal goals, it is important to note that individual differences exist in assessing the effectiveness of different strategies. For example, individuals high in social cynicism exhibited more negative attitudes towards seeking help through professional services (Kuo et al., 2006). This result may serve as one of the factors accounting for the robust finding that social cynicism is consistently linked to a more gloomy psychological condition, such as low life dissatisfaction (Chen, Cheung, Bond, & Leung, 2006; Lai, Bond, & Hui, 2007), psychological distress (Kuo et al., 2006), and death ideation (Hui, Bond, & Ng, 2007).

Every generation thinks that the previous and the next generation are vastly different from theirs. In reality, they share same hopes, feelings, attitude, understanding and fears that their older generations held. We want a clean, peaceful and prosperous world. Did our older generation want something different? Does our coming generation want something different? Even today, with technology being so easy to accessible, the new generation still wants what we wanted, what our older generation always wanted namely to make meaningful relationships with people around them and give and seek friendship, love, attention and approval in a social context. This is the basic human nature and universal longing, but in this rapidly metamorphosing society these beliefs, too, are under duress of change. The present generation is also in a transition period where they keep their valuable culture, beliefs, customs and tradition and maintain their uniqueness with that. Some studies are found in health psychology (Dutta & Basu, 2007), educational psychology (Holloway, Kashiwagi, Hess, & Azuma, 1986; Wingert, 1998), clinical psychology (Kanofsky & Lieb, 2007), and family psychology (Snarey & Dollahite, 2001; Soenens et al., 2005). In social psychology, studies on the intergenerational beliefs and values are sparse. With respect to social axioms, no study has been done in order to assess intergeneration gap in India. Thus, the present study is an attempt to find out the pattern of social axioms of old and young generations in Indian culture**.**

Objective:

- To examine the various dimensions of social axioms of young and old people.

Method

The study was conducted with 86 participants (N=51 young and N=35 old) age ranged 20-30 and 50-60 years. They were sampled from Varanasi City. The following tools were employed to examine the pattern of social axioms of old and young participants:

Demographic schedule: The schedule consisted personal detail of participants including: age, gender, marital status, educational level, occupation, income, residence, family structure and language known.

Social axioms scale: It was developed by Leung, Bond, Carrasquel, Munoz, Hernandez, Murikami, Yamagushi, Biebrauer & Singelis (2002). This scale was used to examine the dimensions of social axioms of the participants. It consists of 69 items related to five dimensions of social axioms. The alpha values of these dimensions are: Social Cynicism (.82), Reward for Application (.75), Social Complexity (.74), Fate Control (.59) and Religiosity (.49).

The participants were contacted individually to getting their consent. Before the administration of the Social axioms scale, the participants were briefed about the purpose of the study. Self-administered Social axioms scale was used to examine the participants. After getting the consent of the participants the aforesaid tool was administered as per the standard instructions of the Social axioms scale. All participants were requested to respond to each items of the scale. Participants were ensured about the maintenance of their anonymity and confidentiality.

RESULTS:

Table: Shows mean, SD and Significance of difference between the scores of young and old participants on social axioms measure.

Dimensions of social axioms		**Young**	**Old**	**t value**
Social cynicism	Mean	61.29	69.68	3.725**
	SD	10.06	11.719	
Social complexity	Mean	53.52	55.48	1.346
	SD	8.014	5.480	
Reward for application	Mean	67.61	70.51	2.656**
	SD	6.208	6.203	
Fate control	Mean	24.49	26.42	1.743
	SD	5.520	4.860	
Religiosity	Mean	42.64	45.54	2.610**
	SD	5.836	4.773	

*p<0.01***

Table shows mean, SD and Significance of difference between the scores of young and old people on social axioms measure. It revealed significant difference between young and old participants on these dimensions of axioms as social cynicism (t=-3.725, p<.01), reward for application (2.656, p<.01) and religiosity (2.610, p<.01). With respect to social complexity and fate control, no significant difference was found. The findings reported generational differences, suggesting that old generation showed more concern to all the dimensions of axioms in comparison to young generation as social cynicism (mean=69.68>61.29), reward for application

(mean=70.51>67.61), religiosity (mean=45.54>42.64) social complexity (mean=55.48>53.52) and fate control (mean=26.42>24.49).

DISCUSSION:

The present study examines the pattern of social axioms of young and old generation. The findings of present study revealed that old generation endorsed more social cynicism, reward for application, religiosity, social complexity and fate control as compared to young people. It suggests that older people believe in negative aspect of human nature, groups and other things than young people. This may be explained that the older people do not have much more desires and hopes for future especially in Indian culture where the people at this age generally prepare themselves for their last journey of life (i. e., death). While the younger people look at the positive side of society and larger world as they have lot of wishes to be fulfil in the future.

Our findings reported that older people believe in fate as well as reward for application in comparison to younger. This is because of Indian philosophical thought as stated in *Shlok-Saitalish, Adhyay- Dvitiya, Shrimad Bhagavad Gita Yatharoop that* "*karma hi puja hai*" (work is worship), "*karma karophalkichinta mat karo*" (do work without expecting about the outcome) suggesting that old people are more intrinsically oriented (to enjoy process not the outcome) rather than young people, they have more concern about outcome. Boehnke (2009) found that for social cynicism, mothers had lower scores than both fathers and offspring. For reward for application, medium levels of structural intergenerational similarity was found. In the case of fate control and social complexity, young generation endorsed this social axiom more highly rather than the parent generation. Both students and mothers differed significantly from fathers, who endorsed religious beliefs least on religiosity. Another study (Oceja, 2009) also reported that on the dimension of fate control and religiosity, young people scored lower than adults whereas young people scored higher than adults on social complexity and reward for application. For social cynicism did not found any significant result. The effect of context (i.e. related vs. non-related) was not found significant. Ghosh (2009) found in her study that reward for application was the strongest belief for the college student group and also found a significant effect of gender on the fate control.

The findings of the present study has shown contradiction from the previous studies. This may be due to cultural differences as Indian society is basically collectivistic and also found individualistic orientations. People in this culture learn their values, beliefs, traditions, customs, courage, self-respect, honesty, trust, integrity, humor, empathy, and respect to others from their elders. Today, the world is changing rapidly due to technology development and globalization. Now, we are the part of global village and adopting both collectivistic and individualistic orientations. Therefore, the existing belief of our society changes and the reflection of these changes are more in young generation in comparison to old generation.

Studies conducted on social axioms shows the endorsement of these beliefs in other cultures Hong-Kong, Venezuela, United States, Japan and Germany (Leung et al., 2002) also. This

studies shows predictive ability of social axioms toward a variety of behaviours and received some recent attention (e.g. Bond, et al., 2004; Neto, 2006; Safdar, Lewis, & Daneshpour, 2006; Malham & Saucier 2014). Relation of social axioms dimensions with other variables (i.e., values) revealed that social axioms added moderate predictive power over and above that provided by values to vocational choices, methods of conflict resolution, and coping styles (Bond et al., 2004). They found that reward for application predicts better coping and adjustment and social complexity facilitates coping and adjustment in intercultural contact. Fate control and religiosity was found to be positively correlated with interpersonal harmony and self-esteem (Safdar, et. al. 2006). Singelis, et al., (2003) have also found that belief in reward for application correlated with maintaining good relations with others.

Thus, findings of the present study reported intergenerational changes with respect to the endorsement of social axioms. The endorsement of all five dimensions of social axioms was higher among old people as compared to young. It suggests that social axioms can be helpful to understand the social behaviour of people belonging to different generations in a particular cultural context as the axioms are reflection of the cultural notion.

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Psychosocial Competencies, Self-Efficacy and Performance of Nurses: A Comparative Study

Urvashi Singh[1]*, Shalini Singh[2], Poonam[3]

ABSTRACT

A nurse is a healthcare professional who focuses on autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Though nursing is both an art and science but it requires psychosocial competencies in staff members i.e. proper decision making, critical thinking, coping with emotions, interpersonal relationships and effective communication. This construct abreast with competencies plays an important role in enhancing their Self-Efficacy i.e. positive evaluation of oneself. When nurses have higher self-evaluation, it also leads to their better performance in this profession. But is this issue same in private and government hospitals? Taking this perspective in mind, the present study was designed to make a comparative study of psychosocial competencies, self-efficacy and performance in nurses. A sample of 100 head nurses (50 from government and 50 from private hospitals) belonging to an age group of 40-45 years having at least 5 year job experience of same set up was selected. Psychosocial Competence Scale (Anita & Vijayalaxmi, 2007), Self-Efficacy Scale (Raif & Jerusalem, 1995) and Nursing Performance Scale (Ward & Felter, 1979) were administered to measure these variables. The results revealed that private hospital nurses scored high on psychosocial competencies, i.e. effective communication, decision making, empathy and critical thinking and also had better self-efficacy and performance as well than government hospital nurses.

Keywords: *Nursing, Critical thinking, Self-Efficacy, Psychosocial competence and Performance*

Nursing is the provision of care for individuals, families and groups throughout the entire life-span – from conception to death. Nursing is both an art and a science that requires the understanding and application of the knowledge and skills specific to the discipline. It also draws attention on knowledge and techniques derived from the humanities and the physical social, medical and biological sciences.

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World Health Organization (2000) defined that "The mission of nursing in society is to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that relate to the promotion and maintenance of health as well as to the prevention of ill health. Nursing also includes the planning and implementation of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.

Nursing errands have been classified into three categories: direct patient consideration, indirect patient consideration, and non-nursing assignments or task unrelated to nursing (Hobgood, Villani & Quattlebaum, 2005). These errands have direct measures of performance.

Though these errands have direct measures of performance but to maintain good rapport and further dealing with the patients during and after treatment involve their psychosocial competence. WHO (1997) has defined it as 'Person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain state of mental well being and to demonstrate positive and adaptive approach in dealing and interacting with others in his/her culture and environment. Positive approach implies that a person is forward looking and even in different situations can find a ray of hope and opportunities to find solutions. Competency is more than just knowledge and skills. It involves the ability to meet complex demands by drawing on and mobilising psychosocial resources (Skills & Attitudes) in a particular context.

Psychosocial competency plays a vital role in the positive attributes of an individual and self-efficacy is one of them. Self-efficacy is characterized as, "individuals' convictions about their capacities to deliver assigned levels of execution that practice impact over occasions that influence their lives. Self-efficacy convictions decide how individuals feel, think, persuade themselves and carry on. A strong sense of efficacy upgrades human achievement and individual prosperity from numerous points of view. Individuals with high certification in their capacities approach take difficult tasks as challenges to be mastered rather than as threats to be avoided. Such a viable viewpoint encourages natural intrigue and profound engagement in exercises. They set themselves testing objectives and keep up solid responsibility to them. They uplift and support their endeavors notwithstanding disappointment. They rapidly recuperate their feeling of adequacy after disappointments or setbacks. They ascribe inability to inadequate exertion or lacking information and aptitudes which are acquirable. They approach undermining circumstances with confirmation that they can practice control over them. Such an effective standpoint produces individual achievements, decreases stretch and lowers vulnerability to depression."

Bandura (1992) stated that there are four wellsprings of self-efficacy i.e. Mastery experiences, Social modeling, Social persuasion and Psychological responses. All have their significant importance on the performance of an employee. The term 'performance' means output. In case

of nurses it refers to the convenience framework in terms of patients treatment, autonomy, effective decision making, proper working conditions etc.

Forbes, Bott and Taunton (1997) found the positive relationship between self-efficacy, job autonomy and job satisfaction of nurses. Sagie (1994), Relf (1995) reported the relationship between dynamic working conditions, autonomy, functional role factors in nurses on their performance. The review of literature shows lot of work done on nurses in the context of positive psychological capital, burnout, stress etc. but there is a dearth of empirical evidence in relation to the psychosocial competency, self-efficacy and performance in nursing profession.

Moreover, in current scenario, there is vast growth of private hospitals where medical and paramedical staff is working. Whether these variables do have their variation in government and private hospitals nurses is a major objective of this investigation. With this impetus in mind, the present study is an attempt to make a comparative analysis of psychosocial competencies, self-efficacy and performance in government and private hospital nurses.

METHOD

Sample :

The present study was carried out on a sample of 100 nurses. 50 were taken from government and civil hospitals and 50 were working in private multispecialty hospitals. Al belonged to an age group of 40-45 years, were head nurses in hierarchy having at least 5-7 year experience working in same set-up. The sample was taken from various hospitals of Gurgaon and Faridabad Distt.

Design :

It is a two group design study where both the groups were compared on the variables of psychosocial competency, self-efficacy and performance.

Tools :

Psychosocial Competence Scale (Anita & Vijayalaxmi, 2007): It deals with 10 life skills namely, Problem solving, decision making, critical thinking, creative thinking, empathy, self-awareness, coping with emotions, coping with stress, interpersonal relationships and effective communication. Each life skill is measured with 10 items having a total of 100 items on a 5 point likert scale. The low score indicates high competency and vice-versa.

Generalized Self-Efficacy Scale (Raif & Jerusalem, 1995) : It has 10 items having 4 alternatives. The maximum score is 40 and minimum is 10. The higher the score, the higher is self-efficacy.

Nursing Performance Scale (Ward & Felter, 1979) : It is a self-regulated instrument having 52 items on a point scale assessing nursing performance. It deals with 6 execution subscales, i.e., leadership, critical care, teaching/collaboration, planning/evaluation interpersonal relations and professional development. The higher the score, the higher is the performance.

Procedure :

After rapport establishment, all the tests were administered individually on each subject. The subjects were assured that their responses would be kept confidential. After data collection, the scoring was done as per the manual's guidelines. The guidelines of this type of investigation must be communicated to authorities of health care industry so that overall wellness of not only patients but also of nurses also get boost up.

RESULTS AND DISCUSSION

The objective of the present study was to assess and compare the psychosocial competencies, self-efficacy and performance in the nurses of government and private hospitals.

Table I : Mean, SD and t-value of Private and Government Hospital nurses on psychosocial competency, self-efficacy and performance

Variables	Groups Means		Groups SD's		t-values
	Private	Govt.	Private	Govt.	
Psychosocial competency					
Problem Solving	22.70	26.75	5.44	4.22	3.82**
Decision Making	20.19	24.76	5.10	4.82	3.46**
Critical Thinking	22.82	25.86	4.49	5.68	3.24**
Creative Thinking	27.17	29.80	5.79	5.97	2.68**
Empathy	25.10	20.82	5.20	5.38	2.63**
Self-Awareness	27.17	25.12	5.12	5.29	3.12**
Coping with Emotions	25.67	27.82	4.13	5.18	3.62**
Coping with Stress	22.34	25.32	2.12	4.16	3.32**
Interpersonal Relations	23.16	25.12	4.37	6.08	4.16**
Effective Communication	23.12	26.18	4.42	5.12	2.56**
Overall	242.16	259.12	38.08	42.12	5.52*
GSE	30.47	25.48	2.47	3.64	2.68*
Performance	180.94	173.64	8.17	9.02	3.62*

* 0.01 level of significance

** 0.05 level of significance

GSE = Generalized self-efficacy

Table no. 1 clearly shows that the private hospital nurses had higher problem solving skill (22.70) than government nurses (26.75) and they have been found statistically significant. As far as other dimensions of psychosocial competencies are concerned, the private hospital nurses are statistically higher than government set-up nurses, i.e., in case of effective decision making, critical and creative thinking, coping with stressful and adverse situations, effective patient

handling and maintaining good relations with the patients etc. Rash and Anderson (2009) found that communication skills in nurses plays an effective role in providing psychological support to patients, confidence in providing social support and their self-efficacy. Langewitz (2010) reported that post treatment effective communication skills in nurses acts as a cushion in patients' early and quick recovery. Towers (2007) found that nurses in private or multispecialty hospitals are more competent and effectively groomed in terms of patient care. Moreover working in private set-up, they take quick actions so that their public image of hospital remains high.

The obtained results also clearly reveal the statistically significant difference in private and government nurses in measures of self-efficacy, i.e. 30.47 and 25.48 and performance i.e. 180.94 and 173.64 respectively. Wilkinson (2008) and Remshardt (2012) studied nurses as giving post care to heart patients after bypass surgery. They found that nurses having more confidence, empathy and high in coping stressful situations could provide psychosocial support to patients which increased their wellness.

The obtained results clearly revealed that nurses working in private hospitals are better equipped in handling patients in terms of providing them psychosocial support and solace. At the same time, this study also clearly showed that the more psychosocial competence on the part of nursing staff is responsible for their own positive thinking, positive self-evaluation and overall performance. On the other hand, nurses working in government set-up may be having more job security and other benefits are less psychosocial competent and in performance. The attraction of general public towards private hospitals for their treatment and post care might be attributed to this. Therefore the need of an hour suggests to conduct time to time life skills training on psychosocial competencies so that nursing staff not only perform high but also increase their self-evaluation and of patients too.

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Type A Personality- A Questionnaire Based Study

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ABSTRACT

A research on the type-A personality behaviour among the individuals of saveetha dental college. ***Aim:*** To analyse the type-A personality behaviour among the individuals of saveetha dental college. ***Objective:*** To assess the type-A personality behavioural among the individuals in saveetha dental college using Jenkins activity survey. ***Background:*** Type A and type B behaviours were first described by two cardiologists Friedman and Roseman who were studying heart disease. Briefly, type A is a behavioural and personality pattern characterised by the following 1) competitive achievement orientation, goal striving without a sense of accomplishment and joy. 2) time urgency, impatience, over scheduling, and 3) anger and hostility which may or may not expressed. In contrast, type B is non competitive, enjoys the process as much as the goal, is patient, and has little anger and hostility. ***Reason:*** The reason was to analyse the personalities of individuals and develop personality in positive manner.

Keywords: *Personality, Type A, Type B*

Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. Personality basically is divided into two types type A and type B.

Ambitious, rigidly organized, highly status conscious, impatient are usually Type A personality. High-achieving 'workaholic'4 are usually type A personality who multi-task, push themselves with deadlines, and hate both delays and ambivalence. On the other hand Type B personality includes people who live at a lower stress level and typically work steadily, enjoying achievements but not becoming stressed when they are not achieved. Furthermore, Type B personalities may have a poor sense of time schedule and can be predominately right brained thinkers.[2]

Dementia, a chronic and debilitating disorder in which cognitive processes such as memory, cognition, language, judgment and behavior are affected to the extent that normal daily functioning is disrupted, imposes significant economic and emotional burdens on society (Knopman, 2011). Thus, there is a need to pinpoint risk factors associated with dementia and to

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understand whether risk factors act in an additive or interactive manner. Here, dementia risk is prospectively examined in relation to the Type A behavior pattern (TABP) and cardiovascular disease (CVD).Some features of TABP confer an increased risk for dementia in those with CVD, whereas those without CVD are protected. When evaluating the risk of dementia, CVD and personality traits should be taken into consideration.[3]

Cardiovascular diseases have become the leading cause of death in the world, among which coronary artery disease (CAD) stands out due to its high morbidity and mortality. Studies have found that personality type and psychological stress might play great roles in the pathogenesis of CAD. Patients with type A behavior have higher levels of plasma catecholamine and 5-hydroxytryptamine and higher incidence of arrhythmia.[1]

Multiple sclerosis (MS) is characterized as a chronic autoimmune disease that affects myelinated axons by destroying the myelin in white matter of the central nervous system, and this procedure cause problems in nervous connections and results in cognitive disorders and emotional changes in the patients. People with Type A behavior pattern reported more stress, nervousness, and anxiety; and these manifestations could make MS symptoms worse. In another point of view, an increase in Type A behavior as a result of the increased severity of disabilities could be considered as a coping response to the conditions created by stress. MS can affect many areas of performance and leads patients to incapability. Education and employment status, familial and sexual function, daily activities, and friends could also be affected by the disease[4]

Type A individuals are extroverts. They are the most recognisable personality traits. This study explains the positive and negative traits of Type A personality.

MATERIALS AND METHODS:

A survey based questionnaire was used to evaluate the traits of type A personality. A total of 50 individuals studying I BDS from Saveetha dental college were selected. They were made to sit comfortably and were given the questionnaire to fill . Once done , the results were collected and tabulated.

DISCUSSION :

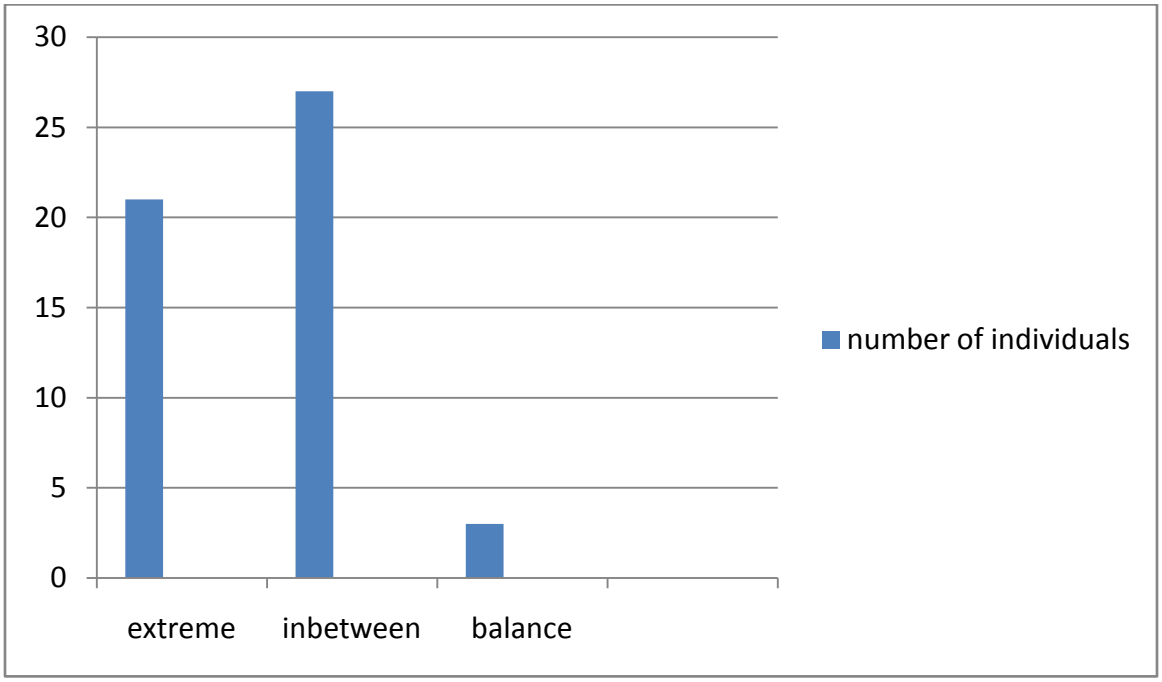
A total of 50 individuals were assessed. Out of 50, 21 individuals had extreme type A personality while 27 individuals had in between type A personality and 2 individuals had balanced type A personality.

The total average was 222.91. The average among extreme type A personalities was 102.24 , among in between type A personalities was 79.67 and in balance type A personalities was 41. The highest value among the extremities was 112 and the lowest value was 94. The highest value among the in between individuals was 93 and the lowest value was 60. The highest value among the balanced individuals was 43 and the lowest value was 39.

RESULT:				
S.no	**Extreme 94-139**	**In between 47-93**	**Balance 0-46**	
1	101	91	39	
2	105	93	43	
3	100	85		
4	100	71		
5	106	89		
6	111	82		
7	110	93		
8	97	88		
9	97	84		
10	94	90		
11	97	90		
12	95	67		
13	108	93		
14	98	84		
15	112	93		
16	96	91		
17	107	76		
18	94	72		
19	109	72		
20	107	60		
21	103	63		
22		85		
23		79		
24		47		
25		63		
26		69		

S.no	Extreme 94-139	In between 47-93	Balance 0-46	
27		81		
Average	102.24	79.67	41	
Low value	94	60	39	
High value	112	93	43	

PEOPLE WITH TYPE A PERSONALITY:



CONCLUSION:

Individuals differ in their personality type. Since the type A personality traits are highly competitive, goal striving, anxious and proactive they create their own source of stress. Type A's have a greater risk for high blood pressure and cardiovascular disease.

Since there are extreme, in between and balance type A personalities traits , counselling can be given about the positive and negatives of their traits which will help them to overcome the

psychological problems. Type B personalities are also prone to the risks of cardiovascular risks as they may fall under type A personality due to over stress and competitive world. They must be also given counselling which prevents from various risk factors.

This study is very beneficial for type A personality traits to know about various risk factors so that it helps to gain knowledge and by counselling which helps them to lead a less stressful life in the society.

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A Review on Role of Spirituality at Workplace

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ABSTRACT

Spirituality in an organization helps people to do creative work, insightful, the development of rules and overcoming the fear of failures. Results of current studies suggest that spirituality in the organization can play an important role in effectively managing people in the organization. Organizational Spirituality also implies the opportunity to grow and contribute to something substantial. .Spiritual Quotient is a process of insight and personal experience, not a set of beliefs. Spiritual Intelligence is also called "wisdom" or the application of knowledge. There is a purpose for everything and everyone. There is a higher power that affects everything. Spirituality is the feeling that no matter how bad things happen; they will always work out somehow.

Keywords: *Spirituality at Work, Wisdom, application of knowledge, Organizational Spirituality, Spiritual Intelligence.*

Spirituality is a broad concept with points of view. In general, it includes a sense of belonging to something larger than us, and it usually involves a search for meaning in life. It is a universal human experience, something that affects us all. People can describe a spiritual experience as sacred or transcendent or simply a deep sense of vitality and interconnection. Spirituality is a way of life. How did you experience, how you study, how you live, how you understand, and how you act; called spirituality (Galanter, 2005).

Organizational spirituality is the recognition of an inner life that nurtures and feeds on useful work that takes place in the context of a community (Ashmos and Duchon, 2000). It is about the influence of mental and social aspects of a person to an organizational life, where it is recognized that people are inherently spiritual, and are forced to seek meaning and purpose in all aspects of life, which naturally includes the direction of their work. Spirituality in an organization tends to have certain characteristics, such as the commitment of responsibility, employee involvement in the organization, challenging oneself spiritually. The organization focuses on the virtues, creativity and flexibility. It is willing to hold itself for its values and for the bottom line.

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Spirituality in an organization focuses on the common good rather than focusing on the profit maximization.

Spirituality versus Organization

Spirituality is now a growing interest in many organizations. Between 1999 and 2001 there had been over 200 articles in management reviews on spirituality and all of them focus on the dimensions of spirituality which involves in different sectors, including social work, health, management, psychology, adult education, etc. (Kale & Shrivastava, 2003)

Spirituality at work is related to certain factors - inspired leadership, a strong organizational base, organizational integrity, a positive work environment, a sense of community among members, opportunities for personal growth and development, appreciation for employees, etc. At the organizational level, spirituality refers to an organizational culture that is guided by mission statements and by the leadership and business practices that are socially responsible and driven values. Leaders recognize employee contributions made to the organization and implement practices that promote spiritual development and personal well-being. Spiritual needs of the people are the element to develop the motivation and commitment of employees to the organization. The organizational spirituality nourishes the mind, body and soul of its employees.

Need for Spiritual Intelligence

Spiritual intelligence is used to help people in the company, community, family, etc., to develop their spiritual awareness, ability and intelligence to be more effective as an individual. Spiritual intelligence also plays a very important role in practical life. It extends the ability to understand others at the deepest level. Demanding spiritual understanding also allows both the "real cause" of behavior without judgment, and serves the "real needs" of others. This ability is developed by first learning to free oneself from attachment and neediness and be able to meet their own internal needs. Attachment and poverty are the opposite of being spiritually intelligent. Spiritual Quotient (SQ) unifies, integrates and has the potential to transform the material from the two components: the reason and emotion. Spiritual intelligence facilitates interaction between mind and body, between reason and emotion. It could be less fearful, might be more willing to face the difficulties and could be ready to live in edge between creativity and self-organization based on SQ.

According to Zohar (2000), spiritual intelligence is about the human need and talent to find meaning in the experience. It is one of access to and use of the senses, vision, and value the way we think and the decision is taken. SQ allows us to ask if we want to be in the situation in the first place and it might inspire us to create a new one. Zohar (2004) also concluded that the construction of the spiritual capital, individuals and organizations can become more sustainable. Sustainability depends on building the foundations of collaboration, its life, its organization. If we make transformational change, if we develop the kind of capitalism that has broader concerns, deeper, and values higher purposes, it will not only be sustainable, but we will find it makes more profit.

REVIEW OF LITERATURE

Reave (2005) found that spirituality helps the person become crucial leadership that shows respect for others, demonstrate fairness, express care and concern, listen very reactive, and recognize the contributions of others. A study by Dent, Wharff and Higgins (2005) shows that spirituality in an organization contributes to the development of leadership theory. Spirituality is important for business leaders, HR managers, organization members, etc. because it provides a brief understanding of the human self and leading to the development of the company (Burack, 1999).

Kolodinsky, Giacalone and Jurkiewicz (2008) spoke of personal spirituality and the spirituality of the organization. They concluded that spirituality provides the complete satisfaction in the workplace. Vallabh and Singhal (2014) proposed that spirituality helps make the organization a fair place to work and interact with others. Sprung, Silter and Jex (2012) found that spirituality was associated with positive results, except when the workplace aggression was present. In the presence of aggression in the workplace, spiritual employees tend to be more vulnerable to the negative effects than the less spiritual employees. Spirituality at Work shows the relationship between spirituality in the workplace and organizational citizenship behavior, namely the acceptance and take on additional responsibilities, follow the rules and procedures of the organization, maintain and develop a positive attitude, Patience and tolerance in the workplace. (Ahmadi, Nami & Barvarz 2014)

Kumpikaite (2014) concluded that spirituality at work affects job satisfaction and good performance. Spirituality is linked to performance and efficiency at work. With the help of spirituality, joy of feeling develops in an individual and he / she is a very effective way, resulting in good performance at work (Tischler, Biberman & McKeage, 2002).

Geroy and Lewis (2000) argue that spiritual beliefs influence the roles in the workplace. Employees manifest spiritual beliefs and practices in the workplace. To prepare future managers for the challenge of managing the spiritual diversity, management educators choose the spirituality of the employee as an intercultural question. Zaidman and Gidoni (2011) also studied spirituality helps improve employee awareness of the work, improve communication and reduce stress. It helps employees know social relationships. They defined the workplace spirituality as a form of organizational wisdom.

Dehaghi, Goodarzi and Arazi (2012) in the study indicated that when employees know spirituality at work, they feel more effectively closed to their organization, experience a sense of responsibility and loyalty to them, and feeling less physically committed. Positive emotions through spirituality can enhance business success. These successes are entrepreneurial in terms of level of creativity and innovation. Spirituality affects the perceptions, attitudes and performance of individuals in the workplace (Raman, Yeow, Eze & Chin, 2012).

Spiritual intelligence enables the individual to face and solve global problems of life while demonstrating virtuous behavior such as humility, compassion, gratitude and wisdom (Emmons & Shelton, 2002). Emmons (2002) defined the spiritual understanding that the adaptive use of spiritual information to facilitate daily problem solving and achievement of objectives. Intelligence is the implementation of a set of tools to achieve a more productive, efficient, happier, and ultimately more meaningful. Thus, spiritual intelligence is a mechanism by which people can improve their quality of life.

Sass (2000) study extends the academic literature on spirituality in organizations. It is based on a qualitative field research in a nursing home, advanced the understanding of spirituality in organizations by identifying three central characteristics of the spirituality of the organization: alignment of value, personal spirituality and organization based on relationships. These core features, supported by research in the field and of the current literature on spirituality in organizations, lead to problems for further research. The study concluded with an invitation for dialogue on the emerging theme of the spirituality of the organization.

CONCLUSION

Spiritual intelligence in the organization is the human need and talent to find meaning in life. It is to access the way we think and take the decision by using senses, vision, and beliefs. Spirituality in an organization tend to have certain characteristics, such as the commitment of responsibility, employee participation in the organization, spiritually nourish oneself, spiritual values communication in relationships with others, etc.

After reviewing extensive research, it was concluded that spirituality at workplace helps in developing leadership skills. Spiritual Intelligence helps individual to become a crucial leader who respects other people, express care and concern, and develop listening skills to the appropriate response. It also helps to know the social relationships and wisdom. It affects job satisfaction, performance and helps to develop sense of joy at workplace.

Spirituality is important because it provides a brief understanding of the self and others and leads to the development of the company. It helps to make the organization a fair place to work and improve the quality of interaction with others. Management educators can use the spirituality to prepare managers to face the future challenges in the organization, to improve awareness of employees at work, to improve communication and to reduce stress. Experienced employees with spiritual intelligence feel more connected with organization, have good sense of responsibility and show loyalty towards their work.

In recommendations we can suggest that managers should improve the spiritual intelligence of employees in the organization to promote organizational commitment and organizational performance as positive emotions through spirituality can enhance the level of creativity and innovation of the individual.

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